



REGISTRATION FORM

FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO BE REGISTERED.

1. PATIENT INFORMATION

1. Please select the services you would like to receive at Sadler Health Center: (Circle all that apply) Medical/Behavioral Health Dental
2. First Name: _____ 3. Last Name: _____ 4. Middle Initial: _____
5. Date of birth: _____ 6. Age: _____ 7. SSN: _____
8. Current Street Address: (No P.O. Boxes) _____
9. City: _____ 10. State: _____ 11. ZIP Code: _____
12. Mailing Address: _____
13. City: _____ 14. State: _____ 15. ZIP Code: _____
16. Home Phone: _____ 17. Cell Phone: _____ 18. Work Phone: _____ Ext: _____
19. E-mail Address: _____
20. How would you like to receive appointment reminders? (Circle all that apply): Phone call Text Patient Portal
21. Gender Identity (Circle One):
Male Female Transgender Male/(Female to Male) Transgender Female/(Male to Female) Other Chose Not to Disclose
22. Sexual Orientation (Circle One):
Straight(not lesbian or gay) Lesbian or Gay Bisexual Something else Don't Know Chose not to disclose
23. Marital Status (Please Circle): Divorced Married Partner Single Widowed
24. Number of people in the household: _____ 25. Annual Income: _____
26. Employment Status (Please Circle): Full Time Part Time Not Employed Self Employed Retired
27. Employer Name: _____ 28. Employer Phone: _____
29. Employer Address: _____
30. Student Status (Please Circle): Full Time Part Time Not a student

2. RESPONSIBLE PARTY

31. Name: _____ 32. Relationship: _____
33. Address: _____
34. City: _____ 35. State: _____ 36. ZIP Code: _____
37. Home Phone: _____ 38. Cell Phone: _____ 39. Work Phone: _____ Ext: _____
40. E-mail Address: _____

3. EMERGENCY CONTACT

41. Name: _____ 42. Relationship: _____
43. Address: _____
44. Home Phone: _____ 45. Cell Phone: _____ 46. Work Phone: _____ Ext: _____
47. E-mail Address: _____

4. PARENT INFORMATION (IF PATIENT IS UNDER 18)

48. Mother's Name: _____ 49. Mother's E-mail Address: _____
50. Mother's Home Phone: _____ 51. Mother's Cell Phone: _____
52. Father's Name: _____ 53. Father's E-mail Address: _____
54. Father's Home Phone: _____ 55. Father's Cell Phone: _____

5. MEDICAL INSURANCE INFORMATION

56. **Primary** Insurance Co. Name: _____
57. Subscriber Name: _____ 58. Subscriber Date of Birth: _____
59. Policy Number: _____ 60. Group Number: _____
61. **Secondary** Insurance Co. Name: _____
62. Subscriber Name: _____ 63. Subscriber Date of Birth: _____
64. Policy Number: _____ 65. Group Number: _____
66. **Medicaid Managed Care Organization** Name: _____
67. Medicaid-MCO Policy Number: _____ 68. **Medicaid** Recipient Number: _____
69. Is Sadler Health Center listed as your Primary Care Provider? (Circle One) Yes No

6. DENTAL INSURANCE INFORMATION

70. **Primary** Insurance Co. Name: _____
71. Subscriber Name: _____ 72. Subscriber Date of Birth: _____
73. Policy Number: _____ 74. Group Number: _____
75. **Secondary** Insurance Co. Name: _____
76. Subscriber Name: _____ 77. Subscriber Date of Birth: _____
78. Policy Number: _____ 79. Group Number: _____
80. **Medicaid Managed Care Organization** Name: _____
81. Medicaid-MCO Policy Number: _____ 82. **Medicaid** Recipient Number: _____

7. PHARMACY INFORMATION

83. Pharmacy Name: _____
84. Address: _____
85. City: _____ 86. State: _____ 87. ZIP Code: _____
88. Phone: _____ 89. Fax: _____

ADDITIONAL PATIENT INFORMATION

90. Race: (Circle One) American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander White
Black or African American Other Refused to Report
91. Ethnicity (Circle One) Hispanic/Latino Not Hispanic/Latino Refused to Report
92. Veteran (Circle One): Yes No 93. Seasonal (Circle One): Yes No
94. Homeless (Circle One): Yes No 95. If Yes, Homeless Status (Circle One): Street Transitional Housing
Homeless Shelter Doubling Up Unknown
96. Do you speak and understand English (Circle One): Yes No 97. Primary Language: _____
98. Translator Needed (Circle One): Yes No 99. Public Housing (Circle One): Yes No 100. Migrant (Circle One): Yes No

101. Custody Papers on file (Circle One): Yes No If yes, we will need a copy.
102. Power of Attorney (Circle One): Yes No If yes, we will need a copy.

103. Form Completed by: _____ Date: _____
104. Registered By: _____ Date: _____
Notes: _____