Today's Date:	Date of Birth:	Patient's Name:

Do you identify as:	Preferred Gender Pronouns:	Sex Assigned at Birth:	Do You Identify As Transgender?	Do you consider yourself to be:
❑ Male ❑ Female ❑ Genderqueer, nonbinary, neither exclusively male nor female	❑ He/him ❑ She/her ❑ They/them	❑ Male ❑ Female	❑ Yes ❑ No	❑Straight or heterosexual ❑Lesbian, gay,or homosexual ❑Bisexual ❑Something else ❑Don't know ❑Choose not to disclose

Veteran Status:	Agricultural/Migrant Status:	Do you need a translator?
❑ Veteran ❑ Non-Veteran	❑ Migrant ❑ Does Not Apply ❑ Seasonal	❑ Yes/Sí/Oui/Vâng ❑ No

What language are you most comfortable speaking?	What language are you most comfortable reading?	What language are you most comfortable writing?
❑ English/Inglés ❑ Spanish/Español ❑ Other:____________	❑ English/Inglés ❑ Spanish/Español ❑ Other:___________	❑ English/Inglés ❑ Spanish/Español ❑ Other:____________

Highest level of school:

❑ Elementary
❑ Some high school
❑ High school diploma or GED
❑ Some college or technical school
❑ Associate's degree
❑ Bachelor's degree
❑ Any post graduate studies
❑ Master's degree
❑ Doctorate's degree

How do you *usually* get to medical appointments?

❑ Drive Myself
❑ Ride with family/friends
❑ Take Bus/Street Car
❑ Walk
❑ Bicycle
❑ Taxi or Ride Sharing App
❑ Medicaid Transportation

EMERGENCY CONTACT INFORMATION

First Name	Last Name	Relationship to patient:

Phone #1	Phone #2

How many family members, including yourself, do you currently live with?	Household Income:	Preferred Pharmacy (Name and Address)

The above information is true to the best of my knowledge.

Patient / Guardian Name (Print):

Patient / Guardian (Signature): *Date:*

Relationship to Patient:

Revised September

CC Employee____