Sadler Health Center

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. Are you currently in a Pennsylvania Refugee Program? _____

102. Name of Resettlement _____

103. Alien ID Number _____

104. PA Arrival Date _____

105. Custody Papers on file (Circle One): ◯ Yes ◯ No If yes, we will need a copy.

106. Power of Attorney (Circle One): ◯ Yes ◯ No If yes, we will need a copy.

107. Form Completed by: _____ Date: _____

108. Registered by: _____ Date: _____

Notes: