



Demographic Information:

Name: _____ Date of Birth: _____ Age: _____

Sex: Female Male Social Security: _____

Address: _____

Telephone: _____ / _____
(Home) (Cell)

Email: _____

Race:

- African American/Black American Indian or Alaskan Native Asian
 Caucasian/ White Hawaiian or Pacific Islander Hispanic
 Other _____

Are you insured? Yes No
If you answered yes, who is your insurance provider? _____

How many times have you visited the Emergency Care within the last 12 months?
 1-2 times 3-4 times 5-6 times 7 or more times

Marital Status: Married Single Divorced Separated Widow

Household Size: 0 1 2 3 4 5 6 7 8+

Housing Status: Independent Dependent (living with others) Homeless/ Transient

Household Income Level:
 \$0-\$999 \$1000-\$1999 \$2000-\$2999 \$3000-\$3999 \$4000 +

Education Level:
 Some high school High school graduate Some college College Degree

Employment Status: (current)
 Employed part time Employed full time Unemployed Disabled

Current Legal Status:

- Are you on probation? Yes No Which agency? _____
 Name of Legal Council _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Primary Care Physician: _____