

# PATIENT INFORMATION

PLEASE CHECK ONE:  BASSETT FAMILY PRACTICE  RIDGEWAY FAMILY HEALTH

(Please complete the entire form)

Date Form Completed: \_\_\_\_\_

PATIENT FULL LEGAL NAME: \_\_\_\_\_  Male  Female

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

STREET ADDRESS (if different): \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PRIMARY PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

Best time to call:  9-12 am  12-5 pm  after 5 pm

RESPONSIBLE PARTY:  Patient  Spouse  Parent  Other: \_\_\_\_\_

**If patient is under 18, this entire section MUST be completed by parent or guardian:**

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

GUARANTOR: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

GUARANTOR'S DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: (if different from patient) \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE # \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widow Spouse Name: \_\_\_\_\_

PLEASE CHECK THE BOX THAT APPLIES TO THE PATIENT:

EMPLOYED  UNEMPLOYED  DISABLED  SUPPORTED BY FRIENDS/FAMILY  STUDENT

EMPLOYER'S NAME: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE # \_\_\_\_\_ May we discuss your medical information with this person?  Yes  No

Please list any other person you give permission for us to discuss your medical information:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

Name	Relationship	Phone Number
_____	_____	_____

**DO YOU HAVE AN ADVANCED DIRECTIVE?**  Yes  No If yes, please provide a copy to the front desk.

**DO YOU HAVE MEDICAL INSURANCE?**  Y  N (If yes, please present card to front desk)

Insurance Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Patient relationship to insured: \_\_\_\_\_

# PATIENT INFORMATION

PLEASE CHECK ONE:  BASSETT FAMILY PRACTICE  RIDGEWAY FAMILY HEALTH

EMAIL ADDRESS: \_\_\_\_\_ OR  Refuse  No Email Address

RACE: (Check all that apply)

WHITE  BLACK/AFRICAN-AMERICAN  ASIAN  AMERICAN INDIAN  OTHER: \_\_\_\_\_

Are you of Hispanic descent?  Y  N

PT/GUARANTOR's EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER PHONE # \_\_\_\_\_  Full time  Part time  Other: \_\_\_\_\_

Can we leave a message for you at your work?  Yes  No

ENGLISH SPEAKING?  Yes  No If no, preferred language: \_\_\_\_\_ Need an Interpreter?  Yes  No

PHARMACY USED: \_\_\_\_\_ Location: \_\_\_\_\_

The following information is for grant purposes only. No personal identifiable information is ever reported. By providing this information, you help us continue to receive funding to provide services to our community.

**Annual total household income (please check one)      Number of people in household:**

0-\$12,880 (Slide A)       \$12,881 -\$19,320 (Slide B)

\$19,320 - \$22,540 (Slide C)       \$22,541 - \$25,760 (Slide D)

\$ 25,761 and above No Discount       Do not wish to report

Is your main source of work for you or your family seasonal or migrant farm work?  Y  N

Are you a Veteran?  Y  N

Are you homeless?  Y  N

If yes, where do you stay at night?  Shelter  Street  Friend/Family  Other \_\_\_\_\_

**Sexual Orientation:**

Straight  Bisexual  Gay/Lesbian  Something Else  Don't Know  Unknown  Choose Not to Disclose

**Gender Identification:**

Male  Female  Transgender Male/ Male to Female  Transgender Female/ Female to Male  Other  
 Choose Not to Disclose  Unknown

**The following information is to help us to better know our patients and their healthcare needs:**

Please answer all applicable to your situation.

**Why are you coming to BFP?**

My doctor is leaving       Affordability/Cost       Insurance Network

Sick       Heard good things about BFP

Haven't seen MD  1-5 years       5-10 years      Other: \_\_\_\_\_

**How did you find out about us?**

Friends/Family       Hospital       Health Fair/Education Class

TV/Ad       Health Connect/FAMIS       Other Physician

Facebook       Other: \_\_\_\_\_

Any other relevant comments about your health needs: \_\_\_\_\_

**Thank you!**