Patient Questionnaire

Westside Family Healthcare
We treat you well.

Patient's Name (Last Name, First Name, M.I.)	Date of Birth
Sex at birth ☐ Male ☐ Female	Primary Language
If the patient is a minor, please provide the Parent/Guardian's Name	
Patient's Address	Apartment
City State Zip Code	
Home Phone Number	Work Phone Number
Cellular Phone Number	Email Address

Do you want to be **excluded** from receiving appointment and care reminder phone calls and text messages? ☐Yes ☐ No

Insurance Information

Primary Insurance			ID Number
Address			
City	State	Zip Code	Phone Number
Policy Holder's Name			Date of Birth
Are you covered by a Secondary Insurance? ☐No ☐Yes, Carrier Name			

Emergency Contact

Please give us an emergency contact that has a <u>different</u> phone number from yours. Name ☐ Male ☐ Female	
Relationship to Patient	Telephone Number
May we leave a message for you with this individual? ☐ Yes ☐ No	

Demographic Data for Consolidated Reporting

We are required by certain funding sources to attempt to collect information about the ethnic and racial characteristics of our patients. Information you provide in this section will only appear in consolidated data, except to the extent required by law. Your healthcare will not be affected if you choose to not answer these questions.

Sexual Orientation (Choose one)		Gender Identity (Choose one)	
☐ Straight (Not Lesbian or Gay)	☐ Something else	☐ Female	☐ Transgender Female (Male / Female)
☐ Lesbian or Gay	☐ Don't know	☐ Male	☐ Transgender Male (Female / Male)
☐ Bisexual	☐ Choose not to disclose	☐ Other	☐ Choose not to disclose

What is your estimated family income?	$
How many people are there in your family?	

Race (choose all that apply)		Are you a Veteran of US Military?	Has the primary source of employment for you <u>or</u> a member of your family <u>ever</u> been farm work?
☐ White	☐ Pacific Islander	☐ Yes	
☐ Asian	☐ Alaskan Native / American Indian	☐ No	
☐ Black/African American	☐ Unreported/Refused		
☐ Native Hawaiian			
Ethnicity			☐ Yes ☐ No
☐ Hispanic ☐ Non-Hispanic ☐ Unreported/Refused			

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