PATIENT CHARACTERISTICS FORM

2021

Date: _____ **Patient Name** _____ **Date of Birth**_____ **Phone #** _____

Current Address: _____ **Zip Code:** _____

We are required by the Federal government to gather this data as a way of ensuring we provide a welcoming, inclusive environment of care for everyone. Additionally, gathering this information enables health centers to measure and track outcomes by population. As always, your information will continue to remain confidential.

Primary Language: ◯ **Deaf / Sign Language** ◯ **English**

◯ **Other: Specify Language:** _____

Housing: ◯ **Street/Outdoors** ◯ **Transitional House** ◯ **Shelter** ◯ **Doubling Up**

◯ **Subsidized Rent (HUD/Public Housing/Section 8)** ◯ **Own** ◯ **Rent** ◯ **Other**

Household Size (How many people, including yourself): _____

Annual Household Income: This information helps us offer patients discounted fees and referrals to other program assistance. Estimates are sufficient.

$_____ ◯ Biweekly

◯ Monthly

◯ Annually

Tobacco Use / Smoker (Ages 13 and up): ◯ **Current** ◯ **Former** ◯ **Never**

Ethnicity: ◯ **Hispanic/Latino** ◯ **Not Hispanic/Latino**

Have you served in the military: ◯ **Yes** ◯ **No**

Sexual Orientation: ◯ **Straight** ◯ **Bisexual** ◯ **Lesbian/Gay** ◯ **Something Else**

◯ **Don't Know (children) or** ◯ **Choose not to disclose**

Gender Identity: ◯ **Male** ◯ **Female** ◯ **Other** ◯ **Choose not to disclose**

◯ **Transgender Female/Male-to-Female** ◯ **Transgender Male/Female-to-Male**

Race (check all that apply): ◯ **Asian** ◯ **American Indian/Alaska Native**

◯ **Black/African American**

◯ **Native Hawaiian/Pacific Islander** ◯ **White**

Email Address: _____

Revised: 3/24/2021