



Santa Cruz Women's Health Center, 250 Locust St. Santa Cruz, California 95060 T. 831.427.3500

## Patient Registration Form

*Please fill out this form completely and return to Front Desk to finish your Registration.*

DEMOGRAPHICS <i>(please print)</i>	
Patient Name: _____ DOB: _____ Social Security: _____	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female to Male <input type="checkbox"/> Trans Male to Female <input type="checkbox"/> Unknown	
Street Address: _____	
City: _____ State: _____ Zip: _____	
Parent/Guardian Name: _____ DOB: _____ Social Security: _____	

CONTACT INFORMATION <i>(please print)</i>	
Home Phone: _____ Cell Phone: _____ Other: _____	
Message OK?      Yes/No                                      Yes/No                                      Yes/No	
Email Address: _____	
Primary Language Spoken: _____ Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact: _____ Phone: _____ Relation: _____	

STATISTICS					
Living Status Choose one ONLY	EPIC #	Race (Choose one more more)	Migrant Status Choose one	Ethnicity	Veteran Status
<input type="checkbox"/> Living in shelter	1	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Migrant worker	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Veteran
<input type="checkbox"/> Living in transitional housing or group home	2	<input type="checkbox"/> Black (can be Latino/Latina)	<input type="checkbox"/> Seasonal worker	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Non-Veteran
<input type="checkbox"/> Living with others for LESS than 6 months	3	<input type="checkbox"/> Alaskan	<input type="checkbox"/> Neither	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
<input type="checkbox"/> Living on the streets	4	<input type="checkbox"/> American Indian			
<input type="checkbox"/> At risk of being homeless	7	<input type="checkbox"/> Hawaiian Native			
<input type="checkbox"/> I rent/own my own home/apartment	8	<input type="checkbox"/> White (can be Latino/Latina)			
<input type="checkbox"/> Currently NOT homeless but was in the past 12 months	5	<input type="checkbox"/> Unknown			

Income/Family Information AFFIDAVIT <i>(please print)</i>	
Family Size: _____ Total Household Income: _____	
(you + dependents/spouse) <span style="float: right;"><input type="checkbox"/> Monthly <input type="checkbox"/> Annually</span>	
I, _____ <i>(print name)</i> declare under penalty of perjury that the information I have given on this form is true, correct, and complete. I understand that giving false information may make me ineligible for sliding scale discounts, state programs, and may be asked to provide income verification.	
_____ Signature	_____ Date