

**ESTABLISHED PATIENT REGISTRATION FORM**

Family Medicine Health Center (FMHC) is a Federally Qualified Health Center and receives federal funding pursuant to Section 330 of the Public Health Service Act. We are required to collect information about age, gender, race, sexual orientation, income, and family size for statistical purposes only. No individual information is submitted.



PATIENT INFORMATION			
Last Name:		First Name:	
		M.I.	Birth Date: / /
Marital Status: (Choose One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)		Preferred Language:	
Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male <input type="checkbox"/> Choose Not to Disclose <input type="checkbox"/> Transgender Female / Male-to-Female <input type="checkbox"/> Non-Binary / Gender Queer <input type="checkbox"/> Transgender Male / Female-to-Male <input type="checkbox"/> Questioning		Preferred Pronouns: <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> Xe/Sem/Xyrs <input type="checkbox"/> He/Him/His <input type="checkbox"/> Ve/Vir/Vis <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other <input type="checkbox"/> Ze/Hir/Hirs <input type="checkbox"/> Patient's Name <input type="checkbox"/> Ey/Em/Eirs <input type="checkbox"/> Unknown	
Employer:			Work Phone:
Family Size (Including Self):		Annual Household Income:	
Contact for Reminder Calls and Other Electronically Generated Messages: (Choose One)		<input type="checkbox"/> Text <input type="checkbox"/> Voice (Select Preferred Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work)	

**NOTE: MEDICARE SECONDARY RECIPIENTS NEED TO COMPLETE THE NEXT SECTION**

- Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
- Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
- Medicare Secondary, Other Liability Insurance is Primary
- Medicare Secondary, No-fault Insurance including Auto is Primary
- Medicare Secondary Worker's Compensation
- Medicare Secondary Veteran's Administration
- Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan
- Medicare Secondary Public Health Service (PHS) or Other Federal Agency
- Medicare Secondary Black Lung

FOR FMHC STAFF USE ONLY	
If the patient or guardian refuses to sign/complete this form, please complete this section. Date offered to patient: / /	FMHC Staff Initials: