



Welcome to Blackstone Valley Community Health Care.

DEMOGRAPHIC INTAKE

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

DOB: ____ / ____ / ____ EMAIL ADDRESS: _____

HOME ADDRESS: _____

HOME #: _____ CELL #: _____ WORK #: _____

EMERGENCY CONTACT: _____ Relationship _____ Phone#: _____

PHARMACY: _____ Address: _____ Phone#: _____

Notification Preferences: <i>We have various reasons to reach you using different methods. Please check your preferred methods.</i>	
<input type="checkbox"/> Voice Reminders	<input type="checkbox"/> Text Message
<input type="checkbox"/> Email	<input type="checkbox"/> Patient Portal

WE ARE REQUIRED TO OBTAIN THE FOLLOWING INFORMATION PER FEDERAL GUIDELINES:

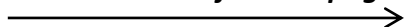
Housing & Work/School/Veteran Status: <i>Please circle all that apply</i>							
Housing:	Homeless	Public housing	Doubling-up (<i>sharing a room</i>)	Shelter	Street	Transitional	Not Homeless
Work/School/Veteran:	Farm worker	Migrant worker	Seasonal worker	School Based Clinic	Veteran		

RACE: <i>Check one of the following:</i>			ETHNICITY: <i>Check one of the following:</i>		
<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino			
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Not Hispanic or Latino			
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Unreported/Refused to Report	<input type="checkbox"/> Declined to answer			
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> More than one race				

Income Verification: <i>To be considered for a reduced fee, please circle your family size & annual household income.</i>					
Family Size	Annual Income				
1	\$0 - \$12,140	\$12,141 - \$16,389	\$16,390 - \$20,638	\$20,639 - \$24,280	\$24,281 & above
2	\$0 - \$16,460	\$16,641 - \$22,221	\$22,222 - \$27,982	\$27,983 - \$32,920	\$32,921 & above
3	\$0 - \$20,780	\$20,781 - \$28,053	\$28,054 - \$35,326	\$35,327 - \$41,560	\$41,561 & above
4	\$0 - \$25,100	\$25,101 - \$33,885	\$33,886 - \$42,670	\$42,671 - \$50,200	\$50,201 & above
5	\$0 - \$29,420	\$29,421 - \$39,717	\$39,718 - \$50,014	\$50,015 - \$58,840	\$58,841 & above
6	\$0 - \$33,740	\$33,741 - \$45,549	\$45,550 - \$57,358	\$57,359 - \$67,480	\$67,481 & above
7	\$0 - \$38,060	\$38,061 - \$51,381	\$51,382 - \$64,702	\$64,703 - \$76,120	\$76,121 & above
8	\$0 - \$42,380	\$42,381 - \$57,213	\$57,214 - \$72,046	\$72,047 - \$84,760	\$84,761 & above
9	\$0 - \$46,700	\$46,701 - \$63,045	\$63,046 - \$79,390	\$79,391 - \$93,400	\$93,401 & above
10	\$0 - \$51,020	\$51,020 - \$68,877	\$68,878 - \$86,734	\$86,735 - \$102,040	\$102,041 & above

Refused to answer: _____

See reverse for next page



Gender Identity at Birth: What was your gender at birth? Male__ Female__	
Present Gender Identity: If you identify with a gender that is different than your birth gender, please check the box below that most applies:	
<input type="checkbox"/> Female	<input type="checkbox"/> Female to Male (FTM) (Transgender Male/Man)
<input type="checkbox"/> Male	<input type="checkbox"/> Male to Female (MTF) (Transgender Female/Woman)
<input type="checkbox"/> Gender queer, neither exclusively male or female	<input type="checkbox"/> Additional gender category or other, please specify:
<input type="checkbox"/> Decline to answer/choose not to disclose	

Sexual Orientation: Please select the sexual orientation that you most identify with:	
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Lesbian, gay or homosexual
<input type="checkbox"/> Straight or heterosexual	<input type="checkbox"/> Don't know
<input type="checkbox"/> Something else, please describe:	<input type="checkbox"/> Choose not to disclose

Preferred Pronoun: Please select the pronoun with which you most identify:	
<input type="checkbox"/> He, Him, His	<input type="checkbox"/> She, Her, Hers
<input type="checkbox"/> They, Them, Theirs	<input type="checkbox"/> Ze, Hir
<input type="checkbox"/> Decline to answer	<input type="checkbox"/> Other
<input type="checkbox"/> Unknown	<input type="checkbox"/> Choose not to disclose

Signature of Patient or Legal Guardian

Today's Date

Employee Witness

How did you hear about us?		
<input type="checkbox"/> Community Organization	<input type="checkbox"/> Our website	<input type="checkbox"/> Event
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Social Media	<input type="checkbox"/> Hospital
<input type="checkbox"/> Insurance Company	<input type="checkbox"/> Live nearby	<input type="checkbox"/> Publication
<input type="checkbox"/> Radio Advertisement	<input type="checkbox"/> Local newspaper advertisement	<input type="checkbox"/> School
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Local restaurant advertisement	<input type="checkbox"/> Other:

**Thank you for selecting Blackstone Valley Community Health Care for your health care needs.
 We value our community and welcome you to our health center.**

FOR BVCHC INTERNAL USE ONLY: Patient Account # _____ Staff initials _____
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