

BLACKTAIL HEALTH ANNUAL PATIENT REGISTRATION FORM

PATIENT INFORMATION				Date	
LAST NAME		FIRST NAME		MIDDLE INITIAL	PREFERRED NAME
DATE OF BIRTH	SS #	Email:		Would you like to sign up for MyChart? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PATIENT CONTACT INFORMATION					
MAILING ADDRESS			City	State	Zip
PHYSICAL ADDRESS (if different than mailing address)			City	State	Zip
HOME PHONE		CELL PHONE		WORK PHONE	
PREFERRED COMMUNICATION FOR REMINDERS		<input type="checkbox"/> Text <input type="checkbox"/> Phone/Voicemail <input type="checkbox"/> MyChart <input type="checkbox"/> Please Do Not Contact			
EMERGENCY CONTACT INFORMATION					
PRIMARY CONTACT (LAST NAME, FIRST NAME)			PHONE NUMBER		
ADDRESS, CITY, STATE, ZIP <input type="checkbox"/> same as patient			RELATIONSHIP TO PATIENT	LEGAL GUARDIAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECONDARY CONTACT (LAST NAME, FIRST NAME)			PHONE NUMBER		
ADDRESS, CITY, STATE, ZIP <input type="checkbox"/> same as patient			RELATIONSHIP TO PATIENT	LEGAL GUARDIAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
RESPONSIBLE PARTY INFORMATION (if different than patient)					
LAST NAME		FIRST NAME		INITIAL	PREFERRED NAME
DATE OF BIRTH	SS #	RELATIONSHIP		PHONE	
ADDRESS			City	State	Zip
EMPLOYMENT STATUS					
<input type="checkbox"/> Child <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not employed <input type="checkbox"/> Active military duty <input type="checkbox"/> Retired <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Student <input type="checkbox"/> Unemployed due to disability <input type="checkbox"/> Choose not to disclose					
EMPLOYED BY:					
HOUSING STATUS					
Have you remained in a safe and stable housing environment for the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
IF NO: <input type="checkbox"/> Transitional house <input type="checkbox"/> Living with others <input type="checkbox"/> Shelter <input type="checkbox"/> Street/camp/bridge <input type="checkbox"/> Other:					
Are you in public housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you an agricultural migrant or seasonal worker? <input type="checkbox"/> Migrant <input type="checkbox"/> Neither <input type="checkbox"/> Seasonal		

