White Bird Medical Clinic

NEW PATIENT INTAKE FORM

Today's Date: ___/___/_____

Name:	**Social Security #**	**Date of Birth:**
	- -	/ /

Phone:	**Address:**	**City:**	**State:**	**ZIP:**
( ) -				

☐ Cell ☐ Home ☐ Work ☐ Message ☐ Other: _________ May we leave messages: ☐ YES ☐ NO

Preferred Pronouns:
☐ He, him, his
☐ She, her, hers
☐ They, them, theirs
☐ Other:

Birth Gender:
☐ Male ☐ Female

Gender Identity:
☐ Male
☐ Female
☐ Trans FTM
☐ Trans MTF
☐ Decline to Specify
☐ Other: ______________

Sexual Orientation:
☐ Straight
☐ Gay/Lesbian
☐ Bisexual
☐ Other______________

Agricultural Worker:
☐ Yes ☐ No

Veteran:
☐ Yes ☐ No

Email Address: ____

Do you have access to the internet for medical appointments (Telehealth)? ☐ Yes ☐ No

Race (please check ALL that apply):

☐ White ☐ Black/African American ☐ American Indian/Alaska Native

☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese

☐ Other Asian ☐ Native Hawaiian ☐ Other Pacific Islander ☐ Samoan

☐ Guamanian or Chamorro ☐ Decline to Specify

Ethnicity: Do you consider yourself **Hispanic/Latino(a)?**

☐ Mexican/Mexican American/Chicano/a ☐ Puerto Rican ☐ Cuban

☐ Another Hispanic, Latino/a, or Spanish origin

☐ Not Hispanic, Latino/a, or Spanish origin

☐ Decline to Specify

Preferred Language:

☐ English ☐ Spanish ☐ Other: ______________

Income Info:

Monthly Income: $______________ **Family Size:** ______________

Living Situation:

☐ Homeless Shelter ☐ Transitional Housing ☐ Doubling Up ☐ Street/car
☐ Permanent Supportive Housing ☐ Not Homeless ☐ Other

Emergency Contacts (if any):

Name (first and last)	Relationship	Phone Number	Date Of Birth

Signature: ____________________________

WBMC IS NOT CURRENTLY ACCEPTING NEW PATIENTS WHO REQUIRE CONTINUATION OF CONTROLLED SUBSTANCE PRESCRIPTIONS INCLUDING: NARCOTICS (VICODIN, OXYCONTIN, ETC.), BENZODIAZEPINES (KLONOPIN, XANAX, ATIVAN,TEC.), OR AMPHETAMINES (ADDERALL, RITALIN, ETC.).