

GC Patient Intake Information

Date: _____

Preferred Name: _____

If have insurance, what gender do they have on record for you? ☐ Female ☐ Male

Name as it appears on your insurance card: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (*if different from Home Address*): _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Can we leave you a confidential message at these phone numbers? ☐ Yes ☐ No

Date of Birth: _____ SSN: _____ - _____ - _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

My preferred language is: ☐ English ☐ Spanish ☐ Other: _____

If you don't have contact information, what other social service agencies do you frequent?

What type of Insurance(s)/coverage(s) do you have? ***We treat everyone regardless of ability to pay.***

- | | | | |
|--|--------------------------------|-------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> IDPA | <input type="checkbox"/> Medicare | <input type="checkbox"/> BlueCross/Blue Shield |
| <input type="checkbox"/> United Healthcare | <input type="checkbox"/> Aetna | <input type="checkbox"/> Illinicare | <input type="checkbox"/> Other: _____ |

We must collect ALL patients' income information in order to stay in compliance with Federal Regulations

My race is:

- ☐ Native American and/or Alaskan Native
- ☐ Native Hispanic or Latino/Latinex
- ☐ Black African American
- ☐ White/Caucasian
- ☐ Native Hawaiian
- ☐ Asian
- ☐ Other Pacific Islander
- ☐ More than one race
- ☐ Other: _____
- ☐ Decline

I am a seasonal agricultural worker: Yes No

I am a migrant worker: Yes No

I am a veteran: Yes No

My living situation now and in the last 12 months (please check all that apply):

- ☐ At risk of becoming homeless
- ☐ Homeless sometime during the last 12 months
- ☐ Sleeping in the park or on the street
- ☐ Residential program or half way house
- ☐ Living in a hotel/SRO (single room occupancy)
- ☐ Living with friend and/or family (I do not pay rent)
- ☐ Homeless
- ☐ Living in a van or car
- ☐ Unstable living situation
- ☐ Staying in a shelter
- ☐ Rent or own room/apartment/house (I pay rent)
- ☐ Other: _____

Check all that apply:

My gender identity is:

- ☐ Woman
- ☐ Man
- ☐ Trans (MTF)
- ☐ Trans (FTM)
- ☐ Genderqueer
- ☐ Other: _____
- ☐ Decline

My sex assigned at birth is:

- ☐ Female
- ☐ Male
- ☐ Intersex
- ☐ Other: _____
- ☐ Decline

My marital status is:

- ☐ Single
- ☐ Widowed
- ☐ Married
- ☐ Unmarried Partner
- ☐ Divorced
- ☐ Legally Separated
- ☐ Registered Domestic Partner
- ☐ Other: _____
- ☐ Decline

My sexual orientation is:

- ☐ Lesbian
- ☐ Gay
- ☐ Queer
- ☐ Bisexual
- ☐ Heterosexual
- ☐ Asexual
- ☐ Other: _____
- ☐ Decline
- ☐ Questioning
- ☐ Pansexual

My pronoun preference is:

- ☐ She/her
- ☐ He/his
- ☐ They/Them/Their
- ☐ Zie/Hir
- ☐ Other: _____

Patient Signature: _____ Date: _____

Parent of Guardian Signature: _____ Date: _____

A parent or guardian must sign if the patient is under 18 years of age but not if the patient is an emancipated minor