CrescentCare

# REGISTRATION FORM

**(Please Print)**

| **Today's Date:** | **Location:** (*Office Use*) ❑CCEF ❑CCHWC ❑PREVENTION ❑HOUMA ❑Other:_____ |
|---|---|

## PATIENT INFORMATION

| **Preferred Name:** | **Pronouns:** | |
|---|---|---|
| | | |
| **Last Name:** | **First Name:** | **MI:** |
| | | |

**Legal Sex:** (*Please Check One*) ❑Female ❑Male

While CrescentCare recognizes a diversity of gender identities, many insurance companies and legal entities unfortunately do not. Please be aware that the name and sex you have listed on your insurance must be used on documents related to insurance, billing and occasional correspondence. If your preferred name and pronouns are different from these, please let us know.

| **Mailing/Billing Address including City, State, Zip** | **Physical Address including City, State, Zip** (if different than mailing/billing address) |
|---|---|
| | |

| **Home Phone #:** | **Cell Phone #:** | **Appointment Reminder Preference:** |
|---|---|---|
| ( ) | ( ) | ❑ Call ❑ Text ❑ Do Not Contact |

**Email Address:**

| **Birth Date:** | **Social Security #:** | **Marital Status:** |
|---|---|---|
| / / | | ❑ Single ❑ Divorced ❑ Partnered<br>❑ Married ❑ Separated ❑ Widowed |

**Race:** Check all that apply

❑ Black or African-American
❑ White
❑ American Indian or Alaska Native
❑ Asian
❑ Pacific Islander
❑ Other:_____

**Ethnicity:**

❑ No, not Hispanic or Latino/a.
❑ Yes, Hispanic/Latino

**Housing Status:**

❑ Stable/Permanent
❑ Other:_____
❑ Transitional
❑ Doubling up
❑ Homeless
❑ Street
❑ Unknown

**What *best* describes your employment status?**

❑ Employed full-time
❑ Employed part-time
❑ Self-Employed
❑ Unemployed
❑ Homemaker/Caretaker
❑ Retired

**Are you a student?**

❑ Not a student
❑ Full-time student
❑ Part-time student

**If you have an outside primary care provider, list them here:**



CC Employee_____

| Today's Date: | Date of Birth: | Patient's Name: |
|---|---|---|

| Current Gender Identity: | Preferred Gender Pronouns: | Sex Assigned at Birth: | Do You Identify As Transgender? | Do you consider yourself to be: |
|---|---|---|---|---|
| ❑ Male<br>❑ Female<br>❑ Genderqueer, nonbinary, neither exclusively male nor female | ❑ He/him<br>❑ She/her<br>❑ They/them | ❑ Male<br>❑ Female | ❑ Yes<br>❑ No | ❑Straight or heterosexual<br>❑Lesbian, gay,or homosexual<br>❑Bisexual<br>❑Something else<br>❑Don't know<br>❑Choose not to disclose |

| Veteran Status: | Agricultural/Migrant Status: | Do you need a translator? |
|---|---|---|
| ❑ Veteran<br>❑ Non-Veteran | ❑ Migrant ❑ Does Not Apply<br>❑ Seasonal | ❑ Yes/Sí/Oui/Vâng<br>❑ No |

| What language are you most comfortable speaking? | What language are you most comfortable reading? | What language are you most comfortable writing? |
|---|---|---|
| ❑ English/Inglés<br>❑ Spanish/Español<br>❑ Other:_____ | ❑ English/Inglés<br>❑ Spanish/Español<br>❑ Other:_____ | ❑ English/Inglés<br>❑ Spanish/Español<br>❑ Other:_____ |

**Highest level of school:**

| | | |
|---|---|---|
| ❑ Elementary | ❑ Some college or technical school | ❑ Any post graduate studies |
| ❑ Some high school | ❑ Associate's degree | ❑ Master's degree |
| ❑ High school diploma or GED | ❑ Bachelor's degree | ❑ Doctorate's degree |

**How do you *usually* get to medical appointments?**

| | | | |
|---|---|---|---|
| ❑ Drive Myself | ❑ Take Bus/Street Car | ❑ Bicycle | ❑ Medicaid Transportation |
| ❑ Ride with family/friends | ❑ Walk | ❑ Taxi or Ride Sharing App | |

EMERGENCY CONTACT INFORMATION

| First Name | Last Name | Relationship to patient: |
|---|---|---|
| | | |

| Phone #1 | Phone #2 |
|---|---|
| | |

| How many family members, including yourself, do you currently live with? | Household Income: | Preferred Pharmacy (Name and Address) |
|---|---|---|
| | | |

The above information is true to the best of my knowledge.

*Patient / Guardian Name (Print):*

*Patient / Guardian (Signature):* | *Date:*

*Relationship to Patient:*



CC Employee_____