

PATIENT REGISTRATION FORM

Eff 5/23/11

Patient Name: _____ DOB: _____

Address: _____

Marital Status: _____ PCP: _____

Phone number: (C) _____ (H) _____

E-Mail Address: _____

Subscriber Information: Patient is the Subscriber.

If not the patient, please complete: Subscriber Name: _____

Social Security #: _____ Date of Birth: _____ Relationship to Patient: _____

Address: _____ Tel#: _____

Are you receiving ANY TYPE of Home Care Services? Yes: No: (if yes please complete the following)

Home care provider: _____ Tel#: _____

Address: _____

Employer Information:

Employer Name: _____ Tel #: _____

Address: _____

Emergency Contact: Relationship to Patient: _____

Name: _____ Tel #: _____

Address (if different from patient's) : _____

Guarantor (If Patient is under 18 Years of Age):

Name: _____ Tel #: _____

Address (if different from patient's): _____

Relationship to Patient: _____

Race/Ethnicity/Language:

NRH is collecting race, ethnicity and preferred primary language from all patients to better meet the needs of the communities that we serve . This information will be used to make sure that all patients are receiving appropriate care of the best quality. Please complete the following section and refer to cue card for additional descriptions.

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR RACE? (You can choose more than one)

Race is the racial group or groups that you identify with as having similar physical characteristics or similar social and geographic origins.

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Declined | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Black | <input type="checkbox"/> Native Hawaiian / Pacific Island | <input type="checkbox"/> American Indian / Alaskan Native |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> Unknown |

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR ETHNICITY? (You can choose more than one)

Ethnicity refers to your background, heritage, culture, ancestry or sometimes the country where you were born.

- | | | |
|---|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Columbian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> African | <input type="checkbox"/> Cuban | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> American | <input type="checkbox"/> Declined | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Dominican | <input type="checkbox"/> Middle Eastern / N. African |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Eastern European | <input type="checkbox"/> Other |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> European | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Caribbean Island | <input type="checkbox"/> Haitian | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Honduran | <input type="checkbox"/> South American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Unknown |
| | | <input type="checkbox"/> Vietnamese |

WHAT IS YOUR PREFERRED PRIMARY LANGUAGE?

- | | | | | |
|--|---|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> English | <input type="checkbox"/> Italian | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> French | <input type="checkbox"/> Korean | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cambodian/Khmer | <input type="checkbox"/> Greek | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Sign Language | |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Gujarati/Haitian | <input type="checkbox"/> Other | <input type="checkbox"/> Spanish | |
| <input type="checkbox"/> Creole | <input type="checkbox"/> Hindi | <input type="checkbox"/> Polish | <input type="checkbox"/> Swahili | |