

## New Patient Form

Name: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employment: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Do you?  own your own home  rent  live with friends/family  live in a shelter  
 live in a hotel  live on the street  live in public housing  live at Hospitality House

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name and phone number: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

Do you have Advance Directives (i.e. living will and durable power of attorney for healthcare)?  yes  no

If so, who is your power of attorney? \_\_\_\_\_

In the last 2 years, have you or anyone in your family, worked in any type of agriculture (farm work) for example: planting, picking, preparing the soil, packing house, worked with farm animals, etc.  yes  no

In the last 2 years, have you or anyone in your family, lived away from home in order to work in any type of agriculture (farm work)?  yes  no

Have you or a member of your family stopped migrating to work in agriculture (farm work) because of disability or age (too old to do the work)?  yes  no

Are you a U.S. Veteran?  yes  no

Have you been in treatment for addiction before?  yes  no

If so, where? \_\_\_\_\_

When? \_\_\_\_\_