NOAH
Neighborhood Outreach Access to Health

Patient Registration

Patient Information - to be completed by patient or designated representative.

Please let us know if you need assistance completing this form.

Patient First and Last Name: _____

Parent/Guardian Name (if under 18): _____

Preferred Name: _____

Date of Birth: _____

SSN: _____

Legal Sex:
- ☐ Female
- ☐ Male
- ☐ Choose not to disclose

The following information will be saved in your electronic health record and helps our providers deliver personalized care. Please choose the option that best describes you. Currently our system allows only one selection.

Home Address: _____

City, State, Zip: _____

☐ Permanent ☐ Temporary ☐ Confidential ☐ Choose not to disclose

Phone Number: (Cell) _____ **(Home):** _____ **(Work):** _____

Email Address: _____

Relationship Status:
- ☐ Divorced
- ☐ Domestic partner
- ☐ Legally separated
- ☐ Married
- ☐ Significant other
- ☐ Single
- ☐ Widowed
- ☐ Don't know
- ☐ Other _____
- ☐ Choose not to disclose

Race:
- ☐ White
- ☐ Alaska Native
- ☐ American Indian
- ☐ Black/African American
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Native Hawaiian
- ☐ Other Asian
- ☐ More than one race
- ☐ Pacific Islander
- ☐ Asian
- ☐ Caucasian
- ☐ Don't know
- ☐ Other
- ☐ Choose not to disclose

Ethnic Group:

- ☐ Hispanic or Latino/a
- ☐ Another Hispanic, Latino/a, or Spanish origin
- ☐ Cuban
- ☐ Mexican, Mexican American, or Chicano/a
- ☐ Not Hispanic or Latino/a
- ☐ Puerto Rican
- ☐ Don't know
- ☐ Other
- ☐ Choose not to disclose

Ethnic Background: _____

Additional Patient Information

Employment Status:

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Not Employed
- ☐ Unemployed (retired)
- ☐ Unemployed due to disability
- ☐ Active military duty
- ☐ Seasonal
- ☐ Self-employed
- ☐ Student full-time
- ☐ Student part-time
- ☐ Don't know
- ☐ Other
- ☐ Choose not to disclose

Employer: _____

Occupation: _____

Preferred Language: _____

Need Intepreter:

☐ Yes ☐ No

Written Language: _____

Language Spoken: _____

Preferred Method(s) of Contact:

- ☐ Mail
- ☐ Phone
- ☐ Email
- ☐ MyChart

Additional Demographics

Are you a veteran or do you have a military status?

☐ Yes ☐ No

Emergency Contact Information

Name: _____ **Relationship:** _____

Cell phone: _____ **Home phone:** _____

Medical Insurance Information

Primary Insurance (if applicable):

_____

Subscriber Name:

_____

Patient Relationship to Subscriber: _____

Subscriber Date of Birth: _____

Subscriber Legal Sex:

- ☐ Female
- ☐ Male

Secondary Insurance (if applicable):

_____

Subscriber Name:

_____

Patient Relationship to Subscriber: _____

Subscriber Date of Birth: _____

Subscriber Legal Sex:

- ☐ Female
- ☐ Male

Dental Insurance Information

Primary Insurance (if applicable):

_____

Subscriber Name:

_____

Patient Relationship to Subscriber: _____

Subscriber Date of Birth: _____

Subscriber Legal Sex:

- ☐ Female
- ☐ Male

By signing below, I acknowledge the information on this form is true and correct to the best of my knowledge. I acknowledge and give consent to receiving a survey related to my care via email and/or text.

_____ _____

Patient or Parent/Guardian Signature **Date**

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Housing and Income

Patient Information - to be completed by patient or designated representative.

First and Last Name: _____ **Date of Birth:**_____

As a community health center, we are required to ask the following questions during each visit. This information is needed to receive additional funding and to better serve you and all members of our community.

1.

CHECK BOX	HOUSING SITUATION
☐	I rent or own my home. I live with my parents/legal guardian. I live in a home with roommates; we all share the rent. I live in a college/university dorm.
☐	I temporarily live with someone else (ex. couch-surfing).
☐	I stay in a shelter, which provides meals and a place to sleep; I cannot stay there long (ex. homeless shelter).
☐	I live in temporary housing to help me find my own home. I can stay here for up to two years (ex. drug treatment housing).
☐	I live in a residence paid by rental assistance/Section 8 (public housing).
☐	I currently reside in the street, my car, or encampment.
☐	I experienced homelessness in the past year and my housing situation is none of the above choices.
☐	I currently have a home but cannot afford to pay the rent or mortgage and/or I was told I will be evicted soon.
☐	I currently live in a hotel.

2. How many people currently live in your household?_____

3. What is the combined monthly income of everyone in your household?

☐ Under $500/month ☐ $501 - $1,000/month ☐ $1,001 - $2,500/month ☐ $2,501 - $4,000/month

☐ $4,001 - $5,500/month ☐ $5,501 - $7,000/month ☐ $7,001 - $8,500/month ☐ $8,501+/month

4. Are you a migrant or seasonal worker?

☐ Migrant ☐ Seasonal ☐ Neither

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Health Related Social Needs Questionnaire

PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences

The ability to pay bills, access food, and find transportation can have a big impact on your health. At NOAH, our whole person approach to healthcare means there are ways we can help you with these things too. Please answer the questions below to determine additional services that may be helpful to you.

❗ Please let us know if you need assistance completing this form.

☐ **I would like to opt out of this screening**

1. What is your current work situation?

- ☐ Unemployed
- ☐ Part-time or temporary work
- ☐ Full-time work
- ☐ Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: _____
- ☐ I choose not to answer this question

2. What is your housing situation today?

- ☐ I have housing
- ☐ I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
- ☐ I choose not to answer this question

3. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply

Food	☐ Yes	☐ No
Clothing	☐ Yes	☐ No
Utilities	☐ Yes	☐ No
Child Care	☐ Yes	☐ No
Medicine or Any Healthcare (Medical, Dental, Mental Health, Vision)	☐ Yes	☐ No
Phone	☐ Yes	☐ No

Other (please write):

_____

_____

_____

_____

_____

☐ I choose not to answer this question.

4. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

- ☐ Yes, it has kept me from medical appointments or from getting my medications.
- ☐ Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- ☐ No
- ☐ I choose not to answer this question

5. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

- ☐ Less than once a week
- ☐ 1 or 2 times a week
- ☐ 3 to 5 times a week
- ☐ 6 or more times a week
- ☐ I choose not to answer this question

6. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much
- ☐ I choose not to answer this question

7. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?

- ☐ Yes
- ☐ No
- ☐ I choose not to answer this question

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Health Related Social Needs Questionnaire

8. Do you feel physically and emotionally safe where you currently live?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ I choose not to answer this question

9. Are you worried about losing your housing?

- ☐ Yes
- ☐ No
- ☐ I choose not to answer this question

10. What is the highest level of school that you have finished?

- ☐ Less than high school degree
- ☐ High school diploma or GED
- ☐ More than high school
- ☐ I choose not to answer this question

11. What is your main insurance?

- ☐ None/unisured
- ☐ CHIP Medicaid
- ☐ Other Public Insurance (not CHIP)
- ☐ Private Insurance
- ☐ Medicaid
- ☐ Medicare
- ☐ Other Public Insurance
- ☐ (CHIP)

12. Are you a refugee?.

- ☐ Yes
- ☐ No
- ☐ I choose not to answer this question

13. In the past year, have you been afraid of your partner or ex-partner?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ I have not had a partner in the past year
- ☐ I choose not to answer this question