

## SBHC Patient Registration

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| <b>School:</b> _____   | <b>Grade:</b> _____ <b>Date:</b> _____   |
| <b>Birth / Legal Name – Do not use nicknames:</b><br>Last Name: _____<br>First Name: _____<br>Middle Name: _____<br>Address: _____<br>_____<br>City: _____ State: <u>OR</u> Zip: _____<br>Phone: <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____   | <b>Date of Birth:</b> _____<br><b>Social Security #:</b> _____<br><b>Other ID #:</b> _____<br><b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male<br><b>Race:</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native<br><input type="checkbox"/> Asian <input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander<br><input type="checkbox"/> White <input type="checkbox"/> Not Collected / Unknown<br><br><b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown<br><b>Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____<br><b>Interpreter Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>How can we get a message to you?</b><br><input type="checkbox"/> Call me at home <input type="checkbox"/> Call me on my cell<br><input type="checkbox"/> Call _____ @ _____<br><input type="checkbox"/> Call _____ @ _____  | <b>Parent/Legal Guardian:</b><br>Name: _____<br>How are you related? _____<br>Address: _____<br>_____<br>City: _____ State: <u>OR</u> Zip: _____<br>Phone: <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____<br><input type="checkbox"/> Work _____  |
| <b>Homeless Status:</b><br><input type="checkbox"/> Currently not Homeless, was in last 12 months<br><input type="checkbox"/> Not Homeless <input type="checkbox"/> At Risk for Homeless<br><input type="checkbox"/> Homeless, Unknown Shelter <input type="checkbox"/> Living in Shelter<br><input type="checkbox"/> Living with Others <input type="checkbox"/> Street, Camp, Bridge<br><input type="checkbox"/> Transitional Housing<br><b>Migrant Seasonal Farm Worker (MSFW) Status:</b><br><input type="checkbox"/> Migrant <input type="checkbox"/> Seasonal <input type="checkbox"/> Neither | <b>Emergency Contact:</b><br>Name: _____<br>How are you related? _____<br>Phone: <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____<br><br>Name: _____<br>How are you related? _____<br>Phone: <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____<br><br><b>Do you have a doctor/healthcare provider?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, who? _____<br><br><b>Do you have a dentist?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, who? _____<br><br><b>Do you have an eye doctor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, who? _____   |

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| Clackamas Health Centers<br>School Based Health Center<br><br><b>SBHC Patient Registration</b><br><br>Shred after data entry into Epic | <b>Name:</b> _____<br><b>DOB:</b> _____<br><b>MRN:</b> _____ |
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