



Uniform Data System Annual Patient Intake Form

This information is used to improve health outcomes and health center performance. If you need help with this form, please let us know. When you are finished, please give it back to the check-in staff.

Today's Date: _____

Last Name:	First Name:	Email Address:	Date of Birth:
Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other(please specify): _____ ☐ Declined to specify			
Sexual Orientation (Do you think of yourself as): ☐ Straight/Heterosexual ☐ Lesbian, Gay or Homosexual ☐ Bisexual ☐ Something Else (e.g., Queer, Pansexual, Asexual) ☐ Declined to specify			
Gender Identity (Do you think of yourself as): ☐ Female ☐ Male ☐ Transgender Female/ Trans Woman/ Male-to-female ☐ Transgender Male/Trans Man/Female-to-Man ☐ Genderqueer, neither exclusively male nor female ☐ Declined to specify			
What is your race (Please select/specify most accurate)? ☐ African American or Black ☐ White ☐ Asian ☐ American Indian ☐ Alaskan Native ☐ Native Hawaiian or Pacific Islander ☐ Middle Eastern or North African ☐ Declined to specify			
What is your ethnicity? (Check all that apply) ☐ Not Hispanic ☐ Hispanic ☐ Declined to specify			
What is your primary language (Spoken/Written)? Do you need an interpreter? ☐ Yes ☐ No ☐ English ☐ Spanish ☐ Arabic ☐ ASL ☐ Burmese ☐ Cantonese ☐ Chin ☐ Chinese ☐ Farsi ☐ French ☐ Hausa ☐ Hindi ☐ Italian ☐ Karen ☐ Kinyarwanda ☐ Mandarin ☐ Russian ☐ Somali ☐ Tigrinya ☐ Turkish ☐ Ukrainian ☐ Vietnamese ☐ Other (please specify): _____			
Veteran Status- Currently serving or have served in the military? ☐ Yes ☐ No ☐ Choose not to disclose			
Are you a migrant worker or am I dependent of a migrant worker? ☐ Yes ☐ No ☐ Unknown ☐ Choose not to disclose			
Are you a seasonal worker or dependent on a seasonal worker? ☐ Yes ☐ No ☐ Unknown ☐ Choose not to disclose			
Public Housing (includes agency-developed, owned, or assisted low-income housing, mixed-finance projects and section 8 housing vouchers): ☐ Yes ☐ No ☐ Choose not to disclose			
Are you homeless? ☐ Yes ☐ No If homeless, what are your living arrangements? ☐ Doubling up (living with others) ☐ Transitional ☐ Shelter ☐ Streets ☐ Unknown ☐ Choose not to disclose			
The number of people in Household: _____			
What is your Annual Income? Please check one ☐ \$0 - \$15,960 ☐ \$15,961- \$21,640 ☐ \$21,641-\$27,320 ☐ \$27,321-\$33,000 ☐ \$33,001-\$38,680 ☐ \$38,681-44,360 ☐ \$44,361-\$50,040 ☐ \$50,041-\$55,720 ☐ \$55,721 or greater ☐ Choose not to disclose			
Only for Family Planning What was the highest grade you completed? ☐ _____ Do you have health insurance? _____ Do you receive health care elsewhere? _____			

Patient/Parent or Guardian Signature: _____