



PLEASE FILL OUT THIS FORM IN ITS ENTIRETY

PATIENTS LEGAL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ Gender at Birth: Male Female

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Patient or Legal Representative Date
(with authority to make healthcare decisions)

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

AGRICULTURAL STATUS (Of Parent): (We participate in the Kansas Farmworker Health Program)

\_\_\_ MIGRANT WORKER OR DEPENDENT OF an individual whose principle employment is in Agricultural and who establishes a temporary home for the purposes of employment

\_\_\_ SEASONAL WORKER or dependent of an individual whose principle employment is in agriculture on a seasonal basis but who does not establish a temporary home for the purposes of employment.

\_\_\_ Neither Migrant nor Seasonal Worker

RACE: (choose all that apply)

- \_\_\_ CAUCASIAN (WHITE) \_\_\_ DECLINE TO SPECIFY
\_\_\_ ASIAN \_\_\_ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
\_\_\_ AFRICAN AMERICAN (BLACK) \_\_\_ AMERICAN INDIAN OR ALASKAN NATIVE
\_\_\_ OTHER RACE

PRIMARY LANGUAGE:

- \_\_\_ ENGLISH \_\_\_ FRENCH \_\_\_ JAPANESE
\_\_\_ SPANISH \_\_\_ PORTUGUESE \_\_\_ SIGN LANGUAGE
\_\_\_ GERMAN \_\_\_ CHINESE \_\_\_\_\_ OTHER (PLEASE SPECIFY)



AmberMed Clinic
826 18th Street, Ste A
Hoxie, Ks 67740

ETHNICITY:

- HISPANIC OR LATINO
NON-HISPANIC OR LATINO
DECLINE TO SPECIFY
OTHER
UNKNOWN

SEXUAL ORIENTATION:

- STRAIGHT OR HETEROSEXUAL
GAY, LESBIAN OR HOMOSEXUAL
BISEXUAL
CHOOSE NOT TO DISCLOSE
DONT KNOW
OTHER (PLEASE DESCRIBE)

Please present your insurance card and photo ID to the receptionist:

PRIMARY INSURANCE:

POLICY HOLDER'S NAME: DOB:

RELATIONSHIP TO PATIENT:

SECONARDY INSURANCE:

POLICY HOLDER'S NAME: DOB:

RELATIONSHIP TO PATIENT:

DECLARATION OF INCOME: Please find the correct number people in your household and circle the range of annual income from all sources that supports your household. All income information is kept strictly confidential and is needed for reporting progress only. You have the right to refuse to provide this information.

Table with 5 columns and 2 rows of income ranges. Column 1: 1 (\$0-\$15,060 to \$26,356+). Column 2: 2 (\$0-\$20,440 to \$35,771+). Column 3: 3 (\$0-\$25,820 to \$45,186+). Column 4: 4 (\$0-\$31,200 to \$54,601+). Column 5: 5 (\$0-\$36,580 to \$64,016+). Row 2: 6 (\$0-\$41,960 to \$73,431+), 7 (\$0-\$47,340 to \$82,846+), 8 (\$0-\$52,720 to \$92,261+), 9 (\$0-\$58,100 to \$101,676+), 10 (\$0-\$63,480 to \$111,091+).