



PHONE: 785.675.3018

FAX: 785.675.2306

Demographics Form

Patient's Legal Name: _____ DOB: _____

Social Security Number: _____ Sex: Male Female Choose not to disclose

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Secondary Phone: _____

Legal Guardian (with authority to make healthcare decisions):

Name	Relationship	Phone Number
------	--------------	--------------

Emergency Contact:

Name	Relationship	Phone Number
------	--------------	--------------

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

___ **MIGRANT WORKER OR DEPENDENT OF:** an individual whose principle employment is in agriculture 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) _____



PHONE: 785.675.3018

FAX: 785.675.2306

Demographics Form

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☐ OTHER (PLEASE DESCRIBE)☐ DONT KNOW

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

Primary Insurance: _____

Policy Holder's Name: _____ DOB: _____

Relationship to Patient: _____

Secondary 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.

1 \$0 - \$15,060 \$15,061 - \$18,825 \$18,826 - \$22,590 \$22,591 - \$26,355 \$26,356 +	2 \$0 - \$20,440 \$20,441 - \$25,550 \$25,551 - \$30,660 \$30,661 - \$35,770 \$35,771 +	3 \$0 - \$25,820 \$25,821 - \$32,275 \$32,276 - \$38,730 \$38,731 - \$45,185 \$45,186 +	4 \$0 - \$31,200 \$31,201 - \$39,000 \$39,001 - \$46,800 \$46,801 - \$54,600 \$54,601 +	5 \$0 - \$36,580 \$36,581 - \$45,725 \$45,726 - \$54,870 \$54,871 - \$64,015 \$64,016 +
6 \$0 - \$41,960 \$41,961 - \$52,450 \$52,451 - \$62,940 \$62,941 - \$73,430 \$73,431 +	7 \$0 - \$47,340 \$47,341 - \$59,175 \$59,176 - \$71,010 \$71,011 - \$82,845 \$82,846 +	8 \$0 - \$52,720 \$52,721 - \$65,900 \$65,901 - \$79,080 \$79,081 - \$92,260 \$92,261 +	9 \$0 - \$58,100 \$58,101 - \$72,625 \$72,626 - \$87,150 \$87,151 - \$101,675 \$101,676 +	10 \$0 - \$63,480 \$63,481 - \$79,350 \$79,351 - \$95,220 \$95,221 - \$111,090 \$111,091 +