Patient Information Form

At Valley-Wide, we want to make sure we are serving our diverse population effectively and that we are providing the best treatment to everyone. To help us make sure this remains a focus for us, our Federally Qualified Health Center (FQHC) status requires us to ask and report all demographic data, including primary language, housing needs, Agricultural experiences, Sexual Orientation and Gender Identity for our patients. We share information about our health center as a whole, but we do not share information about individual patients. We are asking all our patients these questions in order to make sure your care is holistic and appropriate for you. If you have questions about this, please ask to speak to the Clinic Manager.

Today's Date_____

Patient First Name	Patient Last Name	Middle Initial	Date of Birth	Phone #
Parent or Guardian Name (If applicable)	Billing Address	City	State	Zip
Email Address	Mailing Address (if different)	City	State	Zip

Guarantor Name (Responsible for payment)	Guarantor Address:	City	State	Zip	Date of Birth
Emergency Contact & Relationship		Emergency Contact Phone #			

Primary Medical Provider	Primary Dental Provider

Primary Medical Insurance	Policy #	Group #	Secondary Med	Policy #	Group #
Primary Dental Insurance	Policy #	Group #	Secondary Dent	Policy #	Group #

What is the language you speak at home?	Do you need assistance with interpretation? Y N	Are you experiencing homelessness? Y N

Do you Reside in Public Housing? Y N Have you discharged from the United States Military or Armed Forces? Y N

Race - please circle all that apply	**Ethnicity** - please circle all that apply
White American Indian Pacific Islander	Hispanic or Latino Other
Black/African American Other Native Hawaiian	Not Hispanic or Latino Unknown
Asian I choose not to disclose this information	I choose not to disclose this information

Are you or a family member an agricultural (Ag) worker? Y N	**In the last 24 months have you or a family member:**	Moved temporarily to do Ag work? Y N	Stopped working in Ag due to age or disability? Y N

Family Size:	Monthly Income:

What was your sex assigned at birth? Please circle one. Male Female Undifferentiated

Which of the following best represents your current gender identity? (With which gender do you currently identify most closely with?) Please circle one.

Male Female Genderqueer Non-Binary I choose not to disclose this information

Transgender Male/Transgender Man/Transmasculine Transgender Female/Transgender Woman/Transfeminine

Which of the following best represents your sexual orientation? Please circle one.

Heterosexual (or Straight) Lesbian Gay Bisexual Queer Asexual

Pansexual Questioning I don't know I choose not to disclose this information

What is your preferred pronoun? Please circle one.

He, Him, His She, Her, Hers They, Them, Theirs Ze, Hir Other I choose not to disclose this information

Signature_____**Printed Name**_____