



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 Init	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?			Are you experiencing homelessness?			
		Y N			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		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?		In the last 24 months have you or a family member:		Moved temporarily to do Ag work?		Stopped working in Ag due to age or disability?		
Y N				Y N		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
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 _____