

Benton County Health Services Condensed Data Registration Form

Caurently a client at Benton Country Health Services	Client demographics					Complete all fields			
Currently a client at Benton County Health Services Last name at birth: Street address: Billing address: Billing address: Billing address: City: State: Phone number: Cell () House: () Other: () ZIP Code: County: Preferred form of communication: Home ph: () Cell ph: () Do you need an interpreter? Pethnicity: Race: Living status 1 Hispanic 1 Asian 1 Living in shelter 2 Non-Hispanic 3 Unknown 3 Alaskan Native 3 Living with others 4 Patient Refused 4 Patient Refused 6 Native Hawaiian 6 Homeless/ unknown shelter 7 Pacific Islander 7 At risk for homeless Employment information: Have you or anyone else in your household worked on crops/harvesting in the last 24 months: YES NO Norther (I work all year in the same place) Local emergency contact Name: Relationship to Client: Home Phone: Cell. Phone: State:	Last name:			First:			Middle:		
Birth date:	Sex:	nale		☐ F to M					
Street address: Social security number: (optional) Social security number: (optional)	☐ Currently a client at Benton County Health Services								
Phone number: Cell () House: () Other: () Other: ()	Last name at birth:					Birth date: (month/date/year)			
House: () Other: ()	Street address:				Social security number: (optional)				
Preferred form of communication:					, ,				
Home ph: ()	City: State:				ZIP Code:			County:	
Do you need an interpreter? Yes No What is your primary language?	Preferred form of commi	unication:	□ Wr	ritten (<i>by U</i>	.S. Ma	il)	☐ MyC	: Chart	
Ethnicity: Race: Living status 1 Hispanic	☐ Home ph: () ☐			ll ph: ()) □ Tex			()	
□ 1 Hispanic □ 1 Asian □ 1 Living in shelter □ 2 Non-Hispanic □ 2 Black □ 2 Transitional Housing □ 3 Unknown □ 3 Alaskan Native □ 3 Living with others □ 4 Patient Refused □ 4 American Indian □ 4 Street, camp, bridge □ 5 Other □ □ 5 White □ 5 Currently not homeless, but was in last 12 mos. □ 6 Native Hawaiian □ 6 Homeless/ unknown shelter □ 7 Pacific Islander □ 7 At risk for homeless □ 8 Unknown □ 8 Not homeless Employment information: Have you or anyone else in your household worked on crops/harvesting in the last 24 months: □ YES □ NO If the answer is YES, how often: □ Seasonal (I did not have to travel far and I could go home for the duration of the season) □ Migrant (Yes I had to go away and stay away until the end of the season) □ Neither (I work all year in the same place) Local emergency contact Name: Relationship to Client: Home Phone: Cell. Phone: Guarantor (person responsible for payment) Name: Date of Birth: Street address: Home phone no.: ()	Do you need an interpreter? ☐ Yes ☐ No				What is your primary language?				
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Street address: Home phone no.: () State:									
State:	Name: Date of Birth:								
	Street address: Home			e phone no.: ()					
	City:	State:	ZIP Co	ode:				County:	
Monthly Income: Number of Dependents: (in household including self) Discount:								::	
Do you have insurance? ☐ Yes ☐ No									