

Benton County Health Services

Condensed Data Registration Form

Client demographics					Complete all fields	
Last name:			First:		Middle:	
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> M to F	<input type="checkbox"/> F to M		
<input type="checkbox"/> Currently a client at Benton County Health Services						
Last name at birth:			Birth date: (month/date/year)			
Street address:			Social security number: (optional)			
Billing address: (if different from your home address)			Phone number: Cell () House: () Other: ()			
City:		State:		ZIP Code:		County:
Preferred form of communication:		<input type="checkbox"/> Written (by U.S. Mail)		<input type="checkbox"/> MyChart		
<input type="checkbox"/> Home ph: ()		<input type="checkbox"/> Cell ph: ()		<input type="checkbox"/> Text ()		
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No			What is your primary language?			
Ethnicity:		Race:		Living status		
<input type="checkbox"/> 1 Hispanic		<input type="checkbox"/> 1 Asian		<input type="checkbox"/> 1 Living in shelter		
<input type="checkbox"/> 2 Non-Hispanic		<input type="checkbox"/> 2 Black		<input type="checkbox"/> 2 Transitional Housing		
<input type="checkbox"/> 3 Unknown		<input type="checkbox"/> 3 Alaskan Native		<input type="checkbox"/> 3 Living with others		
<input type="checkbox"/> 4 Patient Refused		<input type="checkbox"/> 4 American Indian		<input type="checkbox"/> 4 Street, camp, bridge		
<input type="checkbox"/> 5 Other_____		<input type="checkbox"/> 5 White		<input type="checkbox"/> 5 Currently not homeless, but was in last 12 mos.		
		<input type="checkbox"/> 6 Native Hawaiian		<input type="checkbox"/> 6 Homeless/ unknown shelter		
		<input type="checkbox"/> 7 Pacific Islander		<input type="checkbox"/> 7 At risk for homeless		
		<input type="checkbox"/> 8 Unknown		<input type="checkbox"/> 8 Not homeless		
Employment information:						
Have you or anyone else in your household worked on crops/harvesting in the last 24 months: <input type="checkbox"/> YES <input type="checkbox"/> NO						
If the answer is YES , how often:						
<input type="checkbox"/> Seasonal (I did not have to travel far and I could go home for the duration of the season)						
<input type="checkbox"/> Migrant (Yes I had to go away and stay away until the end of the season)						
<input type="checkbox"/> 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.: ()			
City:		State:	ZIP Code:		County:	
Monthly Income:			Number of Dependents: (in household including self)		Discount:	
Do you have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No						