Patient Demographics

Patient's Last Name:	First:	M.I:	Birth Date:

☐ Single ☐ Married ☐ Other: ______________	Social Security No:	Email *(this will allow access to The Patient Portal):*

Gender Identity:
☐ Male ☐ Female ☐ Transgender Male *F2M* ☐ Transgender Female *M2F* ☐ Other ☐ Choose not to disclose

Sexual Orientation:
☐ Lesbian or Gay ☐ Straight/Heterosexual ☐ Bisexual ☐ Other ☐ Don't know ☐ Choose not to disclose

Physical Address:	City, State and Zip:	Mailing Address:	City, State and Zip *(if different)*:

Home Phone:	Cell Phone:	Work Phone:	*Is it ok to leave a detailed message or voicemail?* ☐ YES ☐ NO

Preferred Pharmacy:	☐ *UMC Pharmacy* 1350 Aspen Street; PO Box 280 Norwood, CO 81423 (970) 327-0655	☐ Other: Name: ______________________________ Address: ____________________________ Phone: ______________________________

Veteran:

☐	Yes
☐	No

Preferred Language:

☐	English
☐	Spanish
☐	Other: __________

Housing Status:

☐	Not Homeless
☐	Homeless *(specify below)*

☐	Doubling Up
☐	Homeless Shelter
☐	Public Housing
☐	Street
☐	Transitional
☐	Other __________
☐	Unknown

Migrant:

☐	No
☐	Migrant
☐	Seasonal

Race:

☐	White
☐	Amer. Indian or Alaska Native
☐	Asian
☐	Black/African American
☐	Native Hawaiian
☐	Pacific Islander

Ethnicity:

☐	Hispanic
☐	Not Hispanic

Who May We Contact?

Contact Last Name:	First:	M.I

Relationship:	Home Phone:	Cell Phone:	Work Phone:

Please mark any or all boxes that apply to your above contact:
☐ Emergency Contact ☐ Legal Guardian or Health Care Proxy
☐ Primary Caregiver ☐ Release of Medical and Billing Information

Contact Last Name:	First:	M.I

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