

Patient Profile

| | | | | | |
|--|--------------------------|-------------------------|--------------------|------|--------|
| Name: | | Social Security #: | Date of Birth: | | |
| Address: | | Home Phone Number: | Cell Phone Number: | | |
| City: | State: | Zip Code: | Gender? | Male | Female |
| | | | Veteran? | Yes | No |
| Email address: | | | | | |
| Employer: | Job Title/Trade: | Work Phone Number: | | | |
| If Minor, Guardian/Guarantor Name and Date of Birth: | Relationship to Patient: | Phone Number: | | | |
| Emergency Contact: | Relationship to Patient: | Emergency Phone Number: | | | |

How did you hear about us? (Check one) Family Friend YWCA Physician Hospital Media

Other _____

Race

| | |
|--|--|
| White/Caucasian | |
| Black/African-American | |
| Asian | |
| American Indian/Alaskan Native | |
| Native Hawaiian/Other Pacific Islander | |
| Other | |

Ethnicity

| | |
|----------------------|--|
| Hispanic/Latino | |
| Not Hispanic/Latino | |
| Choose not to report | |

Employment Status

| | |
|--------------------|--|
| Full Time | |
| Part Time | |
| Not in labor force | |
| Retired | |
| Seasonal/Migrant | |
| Unemployed | |
| Student | |

Primary Language

| | |
|---------|--|
| English | |
| Spanish | |

Marital Status

| | |
|-----------|--|
| Single | |
| Married | |
| Separated | |
| Divorced | |
| Widowed | |

Other: _____

Living Situation

| | |
|------------------|--|
| Homeless Shelter | |
| Transitional | |
| Doubling Up | |
| Street | |
| Other | |
| Unknown | |
| Not Homeless | |

Circle the number in your household and circle the annual household income range

| # in home | <= 100% | 101% - 125% | 126% - 150% | 151% - 175% | 176% - 200% |
|-----------|-------------|---------------------|---------------------|---------------------|---------------------|
| 1 | <= \$12,880 | \$12,881 - \$16,100 | \$16,101 - \$19,320 | \$19,321 - \$22,540 | \$22,541 - \$25,760 |
| 2 | <= \$17,420 | \$17,421 - \$21,775 | \$21,776 - \$26,130 | \$26,131 - \$30,485 | \$30,485 - \$34,840 |
| 3 | <= \$21,960 | \$21,961 - \$27,450 | \$27,451 - \$32,940 | \$32,941 - \$38,430 | \$38,431 - \$43,920 |
| 4 | <= \$26,500 | \$26,501 - \$33,125 | \$33,126 - \$39,750 | \$39,751 - \$46,375 | \$46,376 - \$53,000 |
| 5 | <= \$31,040 | \$31,041 - \$38,800 | \$38,801 - \$46,560 | \$46,561 - \$54,320 | \$54,321 - \$62,080 |
| 6 | <= \$35,580 | \$35,581 - \$44,475 | \$44,476 - \$53,370 | \$53,371 - \$62,265 | \$62,266 - \$71,160 |
| 7 | <= \$40,120 | \$40,121 - \$50,150 | \$50,151 - \$60,180 | \$60,181 - \$70,210 | \$70,211 - \$80,240 |
| 8 | <= \$44,660 | \$44,661 - \$55,825 | \$55,826 - \$66,990 | \$66,991 - \$78,155 | \$78,156 - \$89,320 |

For families/households with more than 8 persons, add \$4,540 for each additional person.

My Annual Household Income does not fall into the table and is above 200%

Initials: _____

Perfil del Paciente

| | | | | | |
|---------------------------------------|---------|-----------------------------|---------------|---------------------------------|----------|
| Nombre: | | Seguro Social # : | | Fecha de Nacimiento: | |
| Dirección: | | Número de teléfono de casa: | | Número de teléfono celular: | |
| La ciudad: | Estado: | Codigo Postal: | Genero? | Masculino | Femenino |
| | | | Veterano (a)? | Si | No |
| Dirección de correo electrónico: | | | | | |
| Empleador: | | Titulo del trabajo/oficio: | | Número de Teléfono del Trabajo: | |
| Si es menor, nombre de tutor/garante: | | Relacion de Paciente: | | Número de Teléfono: | |
| Contacto del Emergencia: | | Relacion de Paciente: | | Numero del Emergencia: | |

¿Cómo se enteró acerca de nosotros? (marque uno) Familia Amigo YWCA Médico Hospital Anuncio Otros

| Raza | Estado Empleado | Estado Matrimonial | Residencia |
|---------------------------------------|-------------------------|--------------------|----------------------|
| Blanco/Caucásico | Tiempo Completo | Soltero | Refugio sin hogar |
| Negro/Afroamericano | Tiempo Parcial | Casado | Transicional |
| Asiático | No en mano de obra | Separado | Viviendo con alguien |
| Indio Americano/Nativo de Alaska | Retirado | Divorciado | Calle |
| Hawaiano Natio/otros isleños pacifico | Estacional/Migrante | Viudo | Otros |
| Otros | Desempleado | | Desconocido |
| | Estudiante | | Sin Hogar |
| Origen étnico | Idioma principal | | |
| Hispano/Latino | Inglés | | |
| No Hispano/Latino | Español | | |
| Se negó: | Otros | | |

Encierre en un círculo el número en su hogar y circule el rango de ingresos anuales del hogar.

| # en el hogar | <= 100% | 101% - 125% | 126 % - 150% | 151% - 175% | 176% - 200% |
|--|-------------|---------------------|---------------------|---------------------|---------------------|
| 1 | <= \$12,880 | \$12,881 - \$16,100 | \$16,101 - \$19,320 | \$19,321 - \$22,540 | \$22,541 - \$25,760 |
| 2 | <= \$17,420 | \$17,421 - \$21,775 | \$21,776 - \$26,130 | \$26,131 - \$30,485 | \$30,485 - \$34,840 |
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| 7 | <= \$40,120 | \$40,121 - \$50,150 | \$50,151 - \$60,180 | \$60,181 - \$70,210 | \$70,211 - \$80,240 |
| 8 | <= \$44,660 | \$44,661 - \$55,825 | \$55,826 - \$66,990 | \$66,991 - \$78,155 | \$78,156 - \$89,320 |
| Para familias / hogares con más de 8 personas, agregue \$ 4,540 por cada persona adicional. | | | | | |

Mi ingreso anual del hogar es superior al 200%

iniciales: _____