

Head of Household

First Name		Last Name		Date of Birth
Phone Number		☐ Home ☐ Cell ☐ Work	Email	
Mailing Address			Apt Number	
City/State/Zip		Social Security Number		
County		Race (please write one or multiple)		
Sex ☐ M ☐ F		(Office Use Only) Acct No:		

Spouse

First Name		Last Name		Date of Birth
Phone Number		☐ Home ☐ Cell ☐ Work	Email	
Sex ☐ M ☐ F		Race (please write one or multiple)		
Social Security Number		(Office Use Only) Acct No:		

List below everyone who lives with you, and whom you are legally responsible for under the age of 18.

	Name (First, Last, M.I.)	Social Security Number (Optional)	Date of Birth (MM/DD/YYYY)	Sex	Race	Relationship	(Office Use Only) Acct No:
1				☐ M ☐ F			
2				☐ M ☐ F			
3				☐ M ☐ F			
4				☐ M ☐ F			
5				☐ M ☐ F			
6				☐ M ☐ F			
7				☐ M ☐ F			
8				☐ M ☐ F			

List all of your household's income below. Including: Employment (self or job), Government assistance, child support, unemployment or gift.

Name of person receiving money	Agency, person, employer who, provides the money	Amount received per month

A Do you or any of your family members have medical health insurance? ☐ Yes ☐ No

B I attest that I have NO PRESCRIPTION DRUG COVERAGE, including Medicare Part D ☐ Yes ☐ No

PATIENT SIGNATURE

PRINTED NAME

DATE