Patient Demographic Form

Please complete the below information so that we can better service your needs.

Patient Information

Patient Name: _____ _____ _____
Last Name MI First Name

Mailing Address: _____
City: _____ State: _____ Zip: _____

Date Of Birth: _____ Marital Status: _____

Home Phone: _____ Cell: _____ Work: _____

Email address: _____

Gender Identity: What sex were you **assigned at birth,** on your original birth certificate?
☐ Male ☐ Female

Is there anything about your identity that you would want your provider to know? _____
_____

Race: ☐ America Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American ☐ White ☐ Other Race
☐ Prefer not to disclose

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to disclose

Primary Language: ☐ English ☐ Spanish ☐ Creole ☐ Other: _____

Preferred Pharmacy:
Address: _____
City: _____ **State:** _____ **Zip**: _____
Phone Number **Fax number:**

Advance Directives:
Do you have an Advance Directive? Yes ☐ No ☐

Do you have a Surrogate if yes provide their name? Yes ☐ No ☐

Surrogate Name: _____

Patient Demographic Form

Patient Name: DOB:

Resident Type: Private Home (Spouse) ☐ Private Home (Family Member) ☐
Independent/Assisted Living ☐ Nursing Home ☐

Emergency Contact:

Emergency Contact Name: Phone Number:

Relationship _____

Reminder Preferences

Would you like to receive reminders?

☐ Yes, I would like to receive reminders for appointments and general health reminders (i.e., annual flu shot).

Contact Preferences:

What is the preferred number to call? ☐ Home ☐ Cell ☐ Work

What is the preferred method? ☐ Voice (Call) ☐ Text (SMS)
(Data Charges may apply)

What is the preferred time? ☐ Mornings ☐ Afternoons ☐ Evenings

☐ No, please do not send me reminders.

Patient Name Signature and Date

Patient Demographic Form

Patient Name: DOB:

Important

At CenterWell, it is important you are treated fairly.

CenterWell does not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion or language. Discrimination is against the law. CenterWell complies with applicable federal civil rights laws.
If you believe that you have been discriminated against by CenterWell, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call **877-320-2188** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**.
- **California residents**: You may also call the California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-2188 (TTY: 711)

CenterWell provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 877-320-2188 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.
繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。
Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.
한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오 .
Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.
Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.
Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.
Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.
Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.
Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.
Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.
Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.
日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。
فارسی (Farsi)
برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.
Diné Bizaad (Navajo): Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę́ nika'adoowoł.
العربية (Arabic)
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHLVM3EN 1222