



**Nevada Health Centers, Inc.**  
**PATIENT DEMOGRAPHICS**  
*(All information is strictly confidential)*

Last Name:		First Name:		Middle Initial:
Birth Date (mm/dd/yyyy):		Legal Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Home Address:			City:	
State:	ZIP:	County:	Country:	
Home Phone:		Work Phone:	Mobile Phone:	
E-mail:		MRN (office use only):		
Mailing Address (if different than above):				
Address:		City:	State:	ZIP:

<b>DEMOGRAPHICS</b>
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Significant Other <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other
<b>Ethnic Group:</b> <input type="checkbox"/> Hispanic, Latino/a, or Spanish Origin <input type="checkbox"/> Non-Hispanic or Latino/a <input type="checkbox"/> Multiple Hispanic, Latino/a, or Spanish Origins <input type="checkbox"/> Mexican/Mexican American, or Chicano/a <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Refused to Report
<b>Which of the following groups do you belong to?</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian <input type="checkbox"/> Refused to Report
<b>Homeless Status:</b> <input type="checkbox"/> Not Homeless <input type="checkbox"/> At Risk for Homelessness <input type="checkbox"/> Child at Risk for Homelessness <input type="checkbox"/> Currently not Homeless, was in the last 12 months <input type="checkbox"/> Homeless Unknown Shelter <input type="checkbox"/> Living in Shelter <input type="checkbox"/> Living with Others <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Single Occupancy Hotel <input type="checkbox"/> Street, Camp, Bridge <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Veteran at Risk for Homelessness <input type="checkbox"/> Unknown/Unreported
<b>Migrant (Agricultural) Worker Status:</b> Are you a farmworker? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check appropriate box: <input type="checkbox"/> Migrant Worker (moves around) <input type="checkbox"/> Seasonal Worker (stays in place)

<b>Emergency Contacts</b>		
Name:	Relationship:	Primary Phone:
Name:	Relationship:	Primary Phone:
Name:	Relationship:	Primary Phone:

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently an employee of NVHC? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Needs Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Language:
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<b>Veteran Status:</b> Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check appropriate box: <input type="checkbox"/> Active Duty <input type="checkbox"/> Inactive Duty <input type="checkbox"/> No previous experience <input type="checkbox"/> Reservist <input type="checkbox"/> Uncollected
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