**Are you a NEW patient** (Circle one): Yes No

**If a NEW patient, how did you hear about us:**

**Name:**

**Date of Birth:**

**Age:**

**Gender:** (Circle one) Male Female

**Social Security #:**

**Address:**

**City/State:**

**Zip Code:**

**County you live in:**

**Can you receive mail at the above address (circle one):** Yes No

**Email Address:**

**Can you receive Email at the above Email address (circle one):** Yes No

**Were you born in WI?** (Circle one)  Yes No

**Ethnicity** (Circle one)**:** Hispanic Non-Hispanic

**Race** (Circle one)**:** Asian African Am Hawaiian/Pacific Islander Native Am. White Other Mixed

**Marital Status** (Circle one): Single Married Divorced

**Contact Information:** «...»

**Home Phone:**

Can we identify ourselves as HealthFirst when we call you at this phone #

(Circle one): Yes No« »

**Cell Phone:**

Can we identify ourselves as HealthFirst when we call you at this phone #

(Circle one): Yes No

Would you like text reminders for your appointments?  (Circle one): Yes No

«Cellphone service provider (**required to receive text messages):**

« »

**Emergency Contact Information:**

We must be able to identify ourselves as HealthFirst.

Name of contact: «

Phone: «

Relationship: «

**Insurance Information:**

Do you, your parents, or guardian have any insurance coverage on you? Yes No  «

If yes name of insurance company:

Date of birth of card holder:

Do you have a Family Doctor? (Circle one) Yes No«

Do you have Dental coverage? (Circle one)   «Yes No «

Do you have a Dental Provider? (Circle one)  Yes No « »

You currently live with (Circle all that apply):

 No-one Spouse Children Partner Roommate Parents«

**Income Information:**

Are you working? (Circle one)  «Yes No

Name of Company:  «

Date you started:  «

How many hours a week do you work? «

How much do you earn an hour?   «

Average weekly tips received?  «

Do you receive money from any other source? (Circle one)  Yes No« »

If yes, how much a week?  «

What is the source of income?  «

If you are married, how many hours a week does your spouse work?  «

How much does your spouse earn an hour? «»

How many people are supported by this income?

Would you like to make a donation today? (Circle one) Yes No

Amount you would like to donate? «»