



CLIENT INFORMATION AND REGISTRATION

Code _____

Date _____

CONTACT INFORMATION

Name _____

Date of Birth _____

Address _____

City _____ State _____ zip _____

Tel _____ - _____ (home) Is it permissible to leave a message at this # ___Y ___ N

Tel _____ - _____ (cell) Is it permissible to leave a message at this # ___Y ___ N

Tel _____ - _____ (other) Is it permissible to leave a message at this # ___Y ___ N

(Which is your preferred number for contact and/or emergency purposes: Home ___ Cell ___ Other ___

Special instructions for us about leaving messages _____

Private e-mail address: _____

Marriage or partnership status _____ Orientation: _____

Ethnicity _____ Gender ___Male ___Female ___Trans (_____)

EMERGENCY CONTACT INFORMATION Tel (day) _____ - _____

Name: _____ Tel (eve) _____ - _____

Relationship to you: _____

OCCUPATION _____ Are you () Full time () Part time () Unemployed () Retired

Place of work/school _____

Education (in years) _____

MEDICAL: Primary Care Provider _____

Telephone _____ - _____ Date of most recent physical exam _____

Note any chronic medical conditions _____

Current Medications _____

INSURANCE INFORMATION: Carrier _____ Policy # _____

Are you covered by Medicare ___Y ___N Medicaid ___Y ___N Ryan White ___Y ___N

REFERRAL SOURCE: Who referred you to SunServe for services ___Self ___Other (explain):
