

Adult Patient Demographic Information

This information helps us support our continued funding and understand more about your health and potential needs. The more you answer, the better equipped we are to serve you, but we recognize that not every question is comfortable to answer. If you do not feel comfortable answering it here, or if you don't see a selection that describes you, you can skip it and talk about it during your visit.

Legal Name:	Date of Birth:
Preferred Name:	
<p>1. Are you an employee or a family member of an employee at Unity Care NW?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes, I am an employee of Unity Care NW <input type="checkbox"/> Yes, I am a family member of an employee of Unity Care NW Employee name: _____ </p>	
<p>2. What is your primary language?</p> <p> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Another Language: _____ </p>	
<p>3. With what race(s) do you identify?</p> <p> <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Another Race: _____ <input type="checkbox"/> I choose not to disclose </p> <p>Please specify from the selections above: _____ (examples: Haitian, Sioux, Syrian, Cambodian)</p>	
<p>4. Are you Hispanic or Latino?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes Please Specify: _____ (examples: Dominican, Cuban, Mexican) </p>	
<p>5. What is your gender identity?</p> <p> <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Trans Man <input type="checkbox"/> Trans Woman <input type="checkbox"/> Non-binary <input type="checkbox"/> Another Identity: _____ <input type="checkbox"/> I choose not to disclose </p>	
<p>6. What is your current sexual orientation?</p> <p> <input type="checkbox"/> Lesbian or Gay <input type="checkbox"/> Straight <input type="checkbox"/> Bisexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Asexual <input type="checkbox"/> Queer <input type="checkbox"/> Another Orientation: _____ <input type="checkbox"/> I don't know <input type="checkbox"/> I choose not to disclose </p>	

<p>7. Have you completed service in the United States Military? (Excludes active duty Military, National Guard, and Reserves.)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>											
<p>8. What is the highest level of education you have attained?</p> <table border="0"> <tr> <td><input type="checkbox"/> None – 8th grade</td> <td><input type="checkbox"/> Bachelor's degree</td> </tr> <tr> <td><input type="checkbox"/> 9th -12th grade</td> <td><input type="checkbox"/> Master's degree</td> </tr> <tr> <td><input type="checkbox"/> High school graduate</td> <td><input type="checkbox"/> Professional degree</td> </tr> <tr> <td><input type="checkbox"/> Some college</td> <td><input type="checkbox"/> Doctorate/Post-doc degree</td> </tr> <tr> <td><input type="checkbox"/> Associate's degree</td> <td><input type="checkbox"/> I choose not to disclose</td> </tr> </table>		<input type="checkbox"/> None – 8 th grade	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> 9 th -12 th grade	<input type="checkbox"/> Master's degree	<input type="checkbox"/> High school graduate	<input type="checkbox"/> Professional degree	<input type="checkbox"/> Some college	<input type="checkbox"/> Doctorate/Post-doc degree	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> I choose not to disclose
<input type="checkbox"/> None – 8 th grade	<input type="checkbox"/> Bachelor's degree										
<input type="checkbox"/> 9 th -12 th grade	<input type="checkbox"/> Master's degree										
<input type="checkbox"/> High school graduate	<input type="checkbox"/> Professional degree										
<input type="checkbox"/> Some college	<input type="checkbox"/> Doctorate/Post-doc degree										
<input type="checkbox"/> Associate's degree	<input type="checkbox"/> I choose not to disclose										
<p>9. Are you an agricultural worker?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Seasonal worker</p> <p><input type="checkbox"/> Migratory worker</p> <p><input type="checkbox"/> Year-round worker</p> <p><input type="checkbox"/> Retired farm worker</p>											
<p>10. What are your pronouns?</p> <table border="0"> <tr> <td><input type="checkbox"/> He/Him</td> <td><input type="checkbox"/> She/They</td> </tr> <tr> <td><input type="checkbox"/> She/Her</td> <td><input type="checkbox"/> They/She</td> </tr> <tr> <td><input type="checkbox"/> They/Them</td> <td><input type="checkbox"/> No pronoun</td> </tr> <tr> <td><input type="checkbox"/> He/They</td> <td><input type="checkbox"/> Another Pronoun: _____</td> </tr> <tr> <td><input type="checkbox"/> They/He</td> <td><input type="checkbox"/> I choose not to disclose</td> </tr> </table>		<input type="checkbox"/> He/Him	<input type="checkbox"/> She/They	<input type="checkbox"/> She/Her	<input type="checkbox"/> They/She	<input type="checkbox"/> They/Them	<input type="checkbox"/> No pronoun	<input type="checkbox"/> He/They	<input type="checkbox"/> Another Pronoun: _____	<input type="checkbox"/> They/He	<input type="checkbox"/> I choose not to disclose
<input type="checkbox"/> He/Him	<input type="checkbox"/> She/They										
<input type="checkbox"/> She/Her	<input type="checkbox"/> They/She										
<input type="checkbox"/> They/Them	<input type="checkbox"/> No pronoun										
<input type="checkbox"/> He/They	<input type="checkbox"/> Another Pronoun: _____										
<input type="checkbox"/> They/He	<input type="checkbox"/> I choose not to disclose										
<p>11. Are you currently living:</p> <table border="0"> <tr> <td><input type="checkbox"/> On the street, in a vehicle, or in an encampment</td> <td><input type="checkbox"/> With friends or extended family on a temporary basis</td> </tr> <tr> <td><input type="checkbox"/> In a transitional facility or temporary housing</td> <td><input type="checkbox"/> In permanent supportive housing (examples: Lydia Place, Catholic Community Services, Whatcom Homeless Services)</td> </tr> <tr> <td><input type="checkbox"/> At a shelter</td> <td><input type="checkbox"/> None of the above</td> </tr> </table>		<input type="checkbox"/> On the street, in a vehicle, or in an encampment	<input type="checkbox"/> With friends or extended family on a temporary basis	<input type="checkbox"/> In a transitional facility or temporary housing	<input type="checkbox"/> In permanent supportive housing (examples: Lydia Place, Catholic Community Services, Whatcom Homeless Services)	<input type="checkbox"/> At a shelter	<input type="checkbox"/> None of the above				
<input type="checkbox"/> On the street, in a vehicle, or in an encampment	<input type="checkbox"/> With friends or extended family on a temporary basis										
<input type="checkbox"/> In a transitional facility or temporary housing	<input type="checkbox"/> In permanent supportive housing (examples: Lydia Place, Catholic Community Services, Whatcom Homeless Services)										
<input type="checkbox"/> At a shelter	<input type="checkbox"/> None of the above										
<p>12. Are you currently living in Public Housing? (examples: HUD, Section 8 Housing)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>											

Signature: _____ **Date:** _____