

Child Patient Demographic Information

This information helps us support our continued funding and understand more about the patient’s 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 the patient or you, you can skip it and talk about it during your visit.

Patient’s Legal Name:	Date of Birth:
Patient’s Preferred Name:	
<p>1. Is the patient a family member of an employee at Unity Care NW?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, the patient is a family member of an employee at Unity Care NW</p> <p>Employee name: _____</p>	
<p>2. What is the patient’s primary language?</p> <p><input type="checkbox"/> English <input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Spanish <input type="checkbox"/> Another Language: _____</p>	<p>What is the patient’s legal guardian’s language <u>if different</u> from the patient’s language: _____</p>
<p>3. With what race(s) does the patient identify?</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White</p> <p><input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Another Race: _____</p> <p><input type="checkbox"/> Black/African American <input type="checkbox"/> I choose not to disclose</p> <p>Please specify from the selections above: _____</p> <p>(examples: Haitian, Sioux, Syrian, Cambodian)</p>	
<p>4. Is the patient Hispanic or Latino?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Please Specify: _____</p> <p>(examples: Dominican, Cuban, Mexican)</p>	
<p>5. Is the patient’s legal guardian 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>6. Is the patient currently living:</p> <table><tr><td><input type="checkbox"/> On the street, in a vehicle, or in an encampment</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"/> In a transitional facility or temporary housing</td><td><input type="checkbox"/> With friends or extended family on a temporary basis</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"/> In permanent supportive housing (examples: Lydia Place, Catholic Community Services, Whatcom Homeless Services)	<input type="checkbox"/> In a transitional facility or temporary housing	<input type="checkbox"/> With friends or extended family on a temporary basis	<input type="checkbox"/> At a shelter	<input type="checkbox"/> None of the above
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<input type="checkbox"/> At a shelter	<input type="checkbox"/> None of the above					
<p>7. Is the patient currently living in Public Housing? (examples: HUD, Section 8 Housing)</p> <table><tr><td><input type="checkbox"/> No</td></tr><tr><td><input type="checkbox"/> Yes</td></tr></table>	<input type="checkbox"/> No	<input type="checkbox"/> Yes				
<input type="checkbox"/> No						
<input type="checkbox"/> Yes						

Legal Guardian's Name: _____

Legal Guardian's Signature: _____ **Date:** _____