

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:							
 Is the patient a family member of an employee at Unity Care NW? No Yes, the patient is a family member of an employee at Unity Care NW Employee name: 							
2. What is the total household income? Choose one as Weekly \$ Monthly \$ Yearly \$	nd fill in the blank below:						
3. How many members are in your household? Fill in the blank below: household members							
4. What is the patient's primary language?							
☐ English ☐ Russian ☐ Spanish ☐ Another Language: What is the patient's legal guardian's language if different from the patient's language:							
5. With what race(s) does the patient identify?							
☐ Asian ☐ /	American Indian/Alaska Native White Another Race:						
☐ Black/African American ☐ I choose not to disclose Please specify from the selections above: (examples: Haitian, Sioux, Syrian, Cambodian)							
6. Is the patient Hispanic or Latino?							
□ No □ Yes Please Specify:							

_							
7.	-	Is the patient's legal guardian an agricultural worker?					
		No Seesanal worker					
		Seasonal worker					
		Migratory worker					
		Year-round worker					
		Retired farm worker					
8.	Is the p	patient currently living:					
		On the street, in a vehicle, or in an		In permanent supportive	•		
		encampment		(examples: Lydia Place, Catholic Community Services,			
		In a transitional facility or		Whatcom Homeless Servi	•		
		temporary housing			family on a temporary basis		
		At a shelter		None of the above			
9.	Is the p	patient currently living in Public Housing?					
	(examples: HUD, Section 8 Housing)						
		No					
		Yes					
Legal Guardian's Name:							
Les	Legal Guardian's Signature:				Date:		