**Patient Information**

1. Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone: □ Home □ Mobile □ Work

Preferred Method of Appointment Reminders: □ Voice □ Text □ Email □ Do Not Contact

1. E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Marital Status: □ Single □ Married □ Divorced □ Widowed
3. Gender: □ Female □ Male Are you disabled? □ Yes □ No

**Questions 8 & 9 are not required for patients less than 18 years of age.**

**Collecting gender identity and sexual orientation data is important to help reduce health disparities and promoting culturally competent care in health centers.**

1. Sexual Orientation (a person’s sexual identity in relation to the gender to which they are attracted)

□Lesbian/Gay □Straight (not lesbian/gay) □Bisexual

□Other\_\_\_\_\_\_\_\_\_\_\_\_ □Don’t Know □Choose not to disclose

1. Gender Identity (a person’s perception of having a particular gender, which may or may not correspond to the gender they were at birth.)

□Male □Female □Transgender Male(Female-to-Male)

 □Transgender Female(Male-to-Female) □Other \_\_\_\_\_\_\_\_\_ □Choose not to disclose

1. Race: □ White □ Black □ Am. Indian/Alaskan Native □Native Hawaiian □Other Pacific Islander

 □ Asian □More than one race

1. Ethnicity: □ Hispanic/Latino □Not Hispanic/Latino Preferred Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Employment Status: □Employed □Self Employed □Unemployed □Disabled □Retired □Full Time Student □Part Time Student Employer/School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you a military veteran? □Yes □No Military Discharged? □Yes □No Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Check living arrangements: □Own/Rent □Shelter □Homeless □Public Housing □Living with friend/doubling up □Street/Car □Transitional □Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you have health insurance? □Yes □No If yes, name of insurance?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Do you have internet access? □Yes □No
7. Parent/Legal Guardian Information: (complete only if patient is a minor)

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_ Gender: □Male □Female

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_ Gender: □Male □Female

Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_ Gender: □Male □Female

1. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Marital Status: □ Single □ Married □ Divorced □ Widowed
3. Race : □White □ Black □Am. Indian/Alaskan Native □Native Hawaiian

 □Other Pacific Islander □Asian □More than one race

 21. Employment Status: □Employed □Self Employed □Unemployed □Disabled □Retired

 □Full Time Student □Part Time Student Employer/School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. In the past two years, or prior to retirement or disability:

* Have you or the head of your household worked in agriculture? □Yes □No
* Did you or the head of your household move from this area to another County or State in search of agricultural work? □Yes □No
* Has your family lived in this area and earned more than half their income from seasonal agriculture?

□Yes □No

1. Are you a refugee? □Yes □No Country of Origin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Circle your household size and annual household income range. *Information for* *reporting purposes only.*

|  |  |
| --- | --- |
| **Household Size** | **Annual Household Income** |
| 1 | $0 - $ 12,490 | $12,491 - $16,612 | $16,613 - $20,733 | $20,734 - $24,290 | $24,981 | and up |
| 2 | $0 - $ 16,910 | $16,911 - $22,490 | $22,491 - $28,071 | $28,072 - $33,820 | $33,821 | and up |
| 3 | $0 - $ 21,330 | $21,331 - $28,369 | $28,370 - $35,408 | $35,409 - $42,660 | $42,661 | and up |
| 4 | $0 - $ 25,750 | $25,751 - $34,248 | $34,429 -$42,745 | $42,746 - $51,500 | $51,501 | and up |
| 5 | $0 - $ 30,170 | $30,171 - $40,126 | $40,127 - $50,082 | $50,083 - $60,340 | $60,341 | and up |
| 6 | $0 - $ 34,590 | $34,591 - $46,005 | $46,006 - $57,419 | $57,420 - $69,180 | $69,181 | and up |
| 7 | $0 - $ 39,010 | $39,011 - $51,883 | $51,884 - $64,757 | $64,758 - $78,020 | $78,021 | and up |
| 8 | $0 - $ 43,430 | $43,431 - $57,762 | $57,763 - $72,094 | $72,095 - $86,860 | $86,861 | and up |

1. Premier participates in the 340B Drug Pricing Program. This program is a U.S. federal government program that requires drug manufacturers to provide outpatient drugs to eligible health care organizations/covered entities at significantly reduced prices.

Premier patients can opt to have prescriptions prescribed by Premier providers filled under this program by using one of the following pharmacies. By doing so this will allow you to receive a reduced price for qualified prescriptions.

□ Walgreens #04811–12807 US Hwy 301, Dade City □ Walgreens #03629 – 12028 Majestic Blvd, Hudson

□ Walgreens #05414 – 9220 Little Rd, New Port Richey □ Walgreens #16526 – 8400 US Hwy 19, Port Richey

□ Walgreens #05604 – 6429 Gall Blvd, Zephyrhills □ Walgreens #05857 – 7420 SR 54, New Port Richey

□ Walgreens #06412–28115 SR 54, Wesley Chapel □ Walgreens #6886- Massachusetts Ave, New Port Richey

□ Walgreens #11790 – 36515 SR 54, Zephyrhills □ Walgreens #07466 – 14217 US Hwy 19, Hudson

□ Walgreens #12318 – 2480 US Hwy 19, Holiday □ Walgreens #16262 – 105 Mariner Blvd, Spring Hill

□ Walgreens #4400 – 8951 Hudson Ave, Hudson □ Walgreens #2192 – 11180 Spring Hill Dr, Spring Hill

□ Walgreens #3793–4510 US Hwy 19, New Port Richey □ Walgreens #5131 – 10401 Little Rd, New Port Richey

□ Walgreens #7916 – 20020cortez Blvd, Brooksville □ Walgreens #12391-4096 Mariner Blvd, Spring Hill

Please check pharmacy above or list the pharmacy preferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Patient’s Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent or Patient’s Representative (if applicable) Date Relationship to Patient**