

<u> </u>				Sex: □Male	□Female	
Last Name				_	_	☐ None
 First Name				Home Phone		
TIISTNATTIE						
Preferred Nam	<u>е</u>			Mobile Phone		
				Consent to call	? □Y □N • Conse	ent to text? □Y □N
Middle Name						None
/		_/		Work Phone		
Date of Birth —				Patient email	or Parent/Guar	dian email (if minor)
Social Security	#					s (patient portal, app,
•					•	es incl. lab results, health ssaging, med refills,
Address					billing/payments	
Address (cont.,)			√ Contact P	reference —	
				☐ Mobile Pho		ne Phone
ZIP				☐ Work Phone	e 🖵 Pati	ent Portal 🔲 Mail
				√ Usual or Pr	eferred Provid	der
City					Dr. Wanee	(d) = dental/oral health ☐ W. Carroll
State		County	y (e.g. Monroe, Lee, etc.)	■ M. Beach^(b)■ K. Davis	□ C. Searcy□ Dr. Koehler	□ A. Higginbottom□ B. Sumerford^(b)
Check All	That	Apply	7	☐ A. Floyd(b)		☐ Dr. Hill(d)
Ag worker:	☐ Yes	☐ No	☐ Decline			
Homeless:	☐ Yes	□ No	☐ Decline		Narital Status – □ Single	☐ Divorced
School-based:	☐ Yes	☐ No	☐ Decline	□ Separated	•	☐ Partner
Veteran:	☐ Yes	☐ No	☐ Decline	√ Language		
Public housing	: 🗖 Yes	☐ No	☐ Decline	English	■ Non-English	☐ Decline
Sexual	☐ Strai	aht	☐ Something else	√ Race —		
orientation:	☐ Gay	_	☐ Unknown	☐ White	□ Black	☐ Other Pacific Islander
	☐ Bisex	kual	☐ Decline	□ Asian	☐ Decline	
Gender	■ Male		Other:	\checkmark Ethnicity $-$		
Identity:	☐ Femo		☐ Decline	■ Non-Hispanio	•	☐ South American
	□ Trans	-female:	male-to-female	☐ Hispanic La		□ Puerto Rican
			emale-to-male	☐ Central Ame		☐ Mexican
	□ Gend	der non-	conforming	□ Cuban	an Latin, Latino	☐ Decline



☐ Check here to use the Smithville Clinic In-house Pharmacy.

Pharmacy Name In What City? If pharmacy has multiple locations in same city, include city and general location. (e.g. Walgreens by hospital or Walgreens on Main St) √ How did you hear about us? ☐ Ad ☐ Physician ☐ Specialist ☐ Hospital ■ Word of Mouth ☐ Online/web search Another patient ☐ Social Media ☐ Other: _____ √ How would you like to receive your Patient Care Summary? 💖 ☐ Online Patient Portal ■ Paper Emergency Contact A First Name Last Name Phone √ Emergency Contact's Relationship to Patient: ■ Spouse Parent ☐ Child ■ Sibling □ Friend □ Grandparent ☐ Guardian ☐ Other: **Next of Kin** □ Same as emergency contact. If not checked or none listed, emergency contact will be used. Name: _____ Phone: ______ Their relationship to patient: Patient Employment 🟭 🚣 ■ None (student/minor) ■ Unemployed Employer Name

Mother's Maiden Name

□ Grandparent □ Nephew/Niece □ Other □ Unknown ■ Guarantor Last Name ■ Guarantor First Name ■ Guarantor Date of Birth Guarantor's Employer ■ Employer phone Mailing Address □ Same as patient Address 1 Address 2 Zip City State ■ Social Security # □	(Juarantor no receives statements)
Guarantor First Name	□ Self□ Grandpo□ Nephew,	arent	□ Spouse□ Child□ Grandchild□ Foster Child
Guarantor First Name	Guarantor	Last Nam	10
Guarantor Date of Birth Guarantor's Employer Employer phone Mailing Address	<u>•</u>	LUSI NUIT	l C
Guarantor Date of Birth Guarantor's Employer Employer phone Mailing Address	Guarantor I	First Nam	e
Guarantor's Employer		/	/
Employer phone Mailing Address	Guarantor I	Date of B	iirth
Mailing Address	Guarantor's	Employe	er
Mailing Address			
Address 1 Address 2 Zip City State Social Security #	Linployer p	Hone	
Address 2 Zip City State Social Security #			
Zip City State Social Security # Phone	Mailing Ac	ddress	☐ Same as patient
Social Security #	Mailing Ac	ldress	☐ Same as patient
Social Security #		ldress	□ Same as patient
Phone	Address 1 Address 2		
•	Address 1 Address 2 Zip		
•	Address 1 Address 2 Zip	City	
_	Address 1 Address 2 Zip	City	
(®)	Address 1 Address 2 Zip	City	

Patient Occupation (current or most recent)

Employer Phone

Insurance Information

Primary Insured's SSN _		
Primary Insured's SSN –		/ /
	_	Policy Holder ID#
Primary Policy Holder's Nam	ne	Primary Insured's Employer
Secondary Insurance Name	е	Insured's Date of Birth
		/ /
		Policy Holder ID#
Secondary Insured's SSN –	-	
– Secondary Policy Holder's N		Secondary Insured's Employer
Secondary Policy Holder's N Would you like to appl Yes (Find out if you que	y for financial assiste alify using the steps be below, return to the re	ance? elow.) eceptionist, and you're done.)
Secondary Policy Holder's N Would you like to appl Yes (Find out if you que	y for financial assisted alify using the steps be below, return to the re	ance?
Would you like to apple Yes (Find out if you que No (Simply sign & date	y for financial assisted alify using the steps be below, return to the reaction of the steps because the below of the be	elow.) eceptionist, and you're done.) nce (Sliding Fee) Program ased on Federal Poverty Level (FPL). COLUMN B
econdary Policy Holder's Nould you like to appl Yould you like to appl Yes (Find out if you quo No (Simply sign & date	y for financial assisted alify using the steps be below, return to the respective Access Assistan Income amounts back COLUMN Auple Living in Your Home	ance? elow.) eceptionist, and you're done.) nce (Sliding Fee) Program assed on Federal Poverty Level (FPL). COLUMN B ne Annual Household Income
econdary Policy Holder's Nould you like to appl Yould you like to appl Yes (Find out if you quo No (Simply sign & date	y for financial assisted alify using the steps be below, return to the respondent of	elow.) eceptionist, and you're done.) nce (Sliding Fee) Program used on Federal Poverty Level (FPL). COLUMN B ne Annual Household Income \$25,760
Vould you like to apple Yes (Find out if you que I No (Simply sign & date	y for financial assisted alify using the steps be below, return to the respondent of	cance? elow.) eceptionist, and you're done.) nce (Sliding Fee) Program ased on Federal Poverty Level (FPL). COLUMN B ne Annual Household Income \$25,760 \$34,840
Would you like to apple Yes (Find out if you que No (Simply sign & date	y for financial assisted alify using the steps be below, return to the respondence of the control of the respondence of the control of the co	conce? Pelow.) Peceptionist, and you're done.) Column B Column B Annual Household Income \$25,760 \$34,840 \$43,920
Nould you like to apple Yes (Find out if you que	y for financial assisted alify using the steps be below, return to the respondent of	cance? elow.) eceptionist, and you're done.) nce (Sliding Fee) Program ased on Federal Poverty Level (FPL). COLUMN B ne Annual Household Income \$25,760 \$34,840

 ${\it Signature}$ of Patient • Parent • Guardian

Date