



PATIENT INFORMATION FORM

Name (Last, First, MI)	Client # (to be filled by staff) _____
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Street Address	City	State	Zipcode
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Telephone (Area Code)	May we leave a detailed message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Best time of day to call: AM / PM
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Email Address	Preferred contact <input type="checkbox"/> Telephone <input type="checkbox"/> Email
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Emergency Contact Person:	Telephone (Area Code)	Relationship
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Date of Birth (Month, Day, Year)	Date of Initial Clinic Visit
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Primary Care Physician/Clinic's Name:	Telephone (Area Code)
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Address (Street, City, State if known)

The following information will assist Kang Wen with improving our services to our clients. None of the information will be shared that identifies you to a third party. If you have any questions or concerns, please let our staff know.

GENDER

- Female
- Male
- Transgendered

ETHNICITY

- White, Non-Hispanic
- White, Hispanic
- Black, Non-Hispanic
- Black, Hispanic
- American Indian/ Alaskan Native
- Asian or Pacific Islander
- Other _____

EDUCATION

- 11th grade or less
- 12th grade (high school graduate or GED)
- Vocational certification
- At least one year college but no degree
- Four years college (bachelor's degree)
- Some graduate school
- Graduate program (post-graduate degree)

MONTHLY INCOME (after taxes)

- Less than \$851
- \$851-1,131
- \$1,133 -1,412
- \$1,413 - 1,702
- More than \$1,703
- Don't Know

EMPLOYMENT STATUS

- No employment
- Less than 35 hours/week
- More than 35 hours/week
- Don't Know

LIVING SITUATION

- Alone
- Dependent Children
- Spouse/Significant Other
- Parent or Guardian
- Non-Relatives (shared expense)
- Non-Relatives (**no** shared expenses)
- Group Home or Institutional Living
- Homeless

MEDICAL INSURANCE
(check all that apply)

- Private
- Medicare
- Medicaid
- Other Public (CHAMPUS, Veteran Affairs, etc)
- No Insurance
- Other_____

PRIMARY & SOCIAL CARE
(which agencies provide you with services?)

- BABES Network
- Bailey Boushay
- Bastyr University
- Country Doctor
- Dunshee House
- LGBT Center for Health
- Lifelong AIDS Alliance
- Madison Clinic
- Northwest Family Center
- Pike Market
- SIOM
- Other_____

COMPLEMENTARY & ALTERNATIVE MEDICINE PRACTITIONERS

(do you currently visit any of the following?)

- Acupuncturist/Oriental Medicine Practitioner
- Chiropractor
- Counselor/Support Group
- Homeopath
- Massage Therapist
- Naturopathic Physician
- Nutritionist
- Other_____

COORDINATION OF HEALTHCARE

My primary care physician is aware of my visits to Kang Wen:

- Yes
- No
- Don't Know

REFERRED TO KANG WEN BY:

- BABES Network
 - Bailey Boushay
 - Bastyr University
 - Country Doctor
 - Dunshee House
 - Gilda's Club
 - LGBT Center for Health
 - Lifelong AIDS Alliance
 - Madison Clinic
 - Northwest Family Center
 - Rosehedge House
 - SeaMar
 - SIOM
 - Shanti
 - Other_____
- or
- Friend
 - Brochure
 - Advertisement
 - Website
 - Newspaper
 - Other_____

THANK YOU FOR PROVIDING US WITH THIS INFORMATION