Golden West College Student Health Services

CLIENT REGISTRATION

Name: _____ ☐Male ☐Female ☐Other
Last First Middle

Ethnicity _____ Marital Status _____ Primary language: _____

Birth date _____ Country of Birth_____ GWC Student ID # _____

Street Address _____
Number Street Apt,# City Zip Code

Mailing address (if different) _____

It is important that we *always* be able to reach you confidentially. Please fill in all boxes legibly.

	Contact information	Contact preferences
Cell phone #		☐ OK to leave general voice mail asking to call clinic ☐ OK to leave detailed voice mail ☐ OK to leave appt. remind/general text asking you to call clinic
Home phone #		☐ OK to leave general voice mail asking to call clinic ☐ OK to leave detailed voice mail
E-mail address:		☐ OK to e-mail me a general request to call clinic ☐ OK to e-mail detailed message
U.S. mail address	☐ street address or ☐ mailing address	Please check which address you would like mail sent if we are trying to reach you.

Whom should we contact **if we need to get a message to you** when we are unable to reach you?

Name:	Relationship:	Phone number(s)

We may need to contact someone for you in case of **emergency**. Whom shall we call?

Name:	Relationship:	Phone number(s)

Do you have any type of health insurance or assistance? ☐ No ☐ Yes ☐ Have applied, ins. pending.
If Yes, check all that apply: ☐ Medi-Cal ☐ Cal-Optima ☐ MediCare ☐ FPACT
☐ Private insurance**:** ☐ PPO ☐ EPO ☐ HMO ☐ Kaiser
☐ International Student Insurance ☐ Other:_____
☐ Veterans Health Care ☐ Civilian Health & Medical Program (CHAMPVA) ☐ Tri-Care
Name of Primary Care provider (PCP)_____ ph #_____

I have reviewed the above information, and on this date I state that the information is accurate, to the best of my knowledge.

Patient signature: _____ Date: _____

Patient to date and initial each visit to confirm that above information is accurate.

Staff Use Only

☐ Health insurance card in chart. ☐ Pt. to bring card to next visit ☐ Pt does not qualify for ACA health ins.
☐ Health Insurance checklist done/reviewed (date and initial):
