NORTHERN TIER CENTER FOR HEALTH
NOTCH

New Patient Registration Form

Name (first, last, middle initial): _____ Maiden/Other Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile: _____ Work: _____ Ext: _____

Email: _____ DOB: _____ SSN: _____

Sex: ☐ Male ☐ Female

Sex Assigned at Birth: ☐ Male ☐ Female

Sexual Orientation:
☐ Straight or Heterosexual ☐ Lesbian, Gay, or Homosexual
☐ Bisexual ☐ Something Else
☐ Don't Know

Gender Identity:
☐ Male ☐ Female ☐ Transgender Male
☐ Transgender Female ☐ Other

Preferred Pronoun: ☐ He ☐ She ☐ They ☐ We ☐ Other

Race: (Check all that apply)
☐ White ☐ Black/African American
☐ Asian ☐ American Indian / Alaska Native
☐ Native Hawaiian ☐ Other Pacific Islander

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Primary Language: _____ Do you need interpreter services? ☐ Yes ☐ No

Primary Pharmacy: _____ Secondary Pharmacy: _____

Insurance Information: *Please complete the following Insurance information and provide a copy of insurance card(s)*

Primary Medical Same as: ☐ Patient

Ins Company: _____

ID #: _____ Grp #: _____

Policy Holder Name: _____

DOB: _____ SSN: _____

Primary Dental Same as: ☐ Patient

Ins Company: _____

ID #: _____ Grp #: _____

Policy Holder Name: _____

DOB: _____ SSN: _____

Secondary Medical Same as: ☐ Patient

Ins Company: _____

ID #: _____ Grp #: _____

Policy Holder Name: _____

DOB: _____ SSN: _____

Secondary Dental Same as: ☐ Patient

Ins Company: _____

ID #: _____ Grp #: _____

Policy Holder Name: _____

DOB: _____ SSN: _____

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☐ I have more than two medical insurance carrier

As a Health Center that receives Federal funding, we are required to collect this information. All answers are confidential.

Marital Status: ☐ Annulled ☐ Divorced ☐ Domestic Partner ☐ Legally Separated ☐ Married ☐ Never Married ☐ Widowed ☐ None

Employment Status: ☐ Full Time ☐ Part Time ☐ Retired - Retirement Date: _____ ☐ Self Employed ☐ Active Military ☐ Student ☐ Not Employed

Population Characteristics:

- ☐ I am a migrant dairy worker
- ☐ I am a seasonal migrant worker (non-dairy)
- ☐ I currently rent or own my home (or live with parent/guardian)
- ☐ I currently live in a shelter
- ☐ I currently live in transitional housing
- ☐ I rely on relatives/friends for housing
- ☐ I currently live on the street
- ☐ I live in a hotel or camper
- ☐ I am a US veteran

Person financially responsible, if not the patient – e.g. Parent of a minor child:

Name: _____ Address: _____

Phone: _____ Home/Work: _____ DOB: _____

Name of Person Completing This form (if other than patient): _____

☐ Check here if the person completing this form has legal authority to consent for treatment of the registrant (requires supporting documentation if other than parent of a minor)

Income Information: *Please circle the appropriate family size and corresponding household income range. All answers are confidential.*

2022 Household Income Range Based on Family Size

Family Size	0-100%	101-150%	151-200%	Over 200%
1	☐ $0 to $13,590	☐ $13,591 to $20,385	☐ $20,386 to $27,180	☐ $27,181 & Over
2	☐ $0 to $18,310	☐ $18,311 to $27,465	☐ $27,466 to $36,620	☐ $36,621 & Over
3	☐ $0 to $23,030	☐ $23,031 to $34,545	☐ $34,546 to $46,060	☐ $46,061 & Over
4	☐ $0 to $27,750	☐ $27,751 to $41,625	☐ $41,626 to $55,500	☐ $55,501 & Over
5	☐ $0 to $32,470	☐ $32,471 to $48,705	☐ $48,706 to $64,940	☐ $64,941 & Over
6	☐ $0 to $37,190	☐ $37,191 to $55,785	☐ $55,786 to $74,380	☐ $74,381 & Over
7+	Add additional $4,540 to each category			