CLIENT REGISTRATION FORM

Colorado Department of Public Health and Environment
Women's Health Unit

Clinic_____
Site_____

May we mail reminders and contact you at home? (Confidential) YES___NO____

CLIENT: (Please Print)

Last Name_____First Name_____Middle Initial_____Maiden/Former_____

Address_____Apt.#_____City_____State___Zip_____County _____

Tel.# (home/message)_____ Tel.# (work/cell)_____ Emergency Contact Name _____

Circle: (Sex) M F Birth Date___/___/___
mo day yr

*Emergency Tel. # /Instructions _____

RACE (CHECK AT LEAST ONE)		ETHNICITY (CHECK AT LEAST ONE)		PRIMARY LANGUAGE (CHECK)	
	White		Hispanic Origin		English
	Black or African American		Not Hispanic Origin		Spanish
	American Indian or Alaska Native		Unknown / Not Reported		Other
	Asian				
	Native Hawaiian or Other Pacific Islander				
	Multiracial-Unspecified				
	Unknown or Not Reported				

Yearly gross income for your family living in the same household (include persons related by blood, marriage, or legal adoption)
*$*_____

*Number (including yourself) supported by this income?*___

Do you have a Social Security number? ☐ Yes ☐ No

If yes, what is it? (optional)_____

Your Medicaid ID# _____

Medicaid Household# _____

Do you have insurance that covers primary medical care? (your visits to the doctor) ☐ Yes ☐ No

If Yes, does it cover Family Planning? ☐ Yes ☐ No ☐ Don't Know

Whose name is the policy in?_____

Insurance Company_____

Address_____

Telephone # _____

Group/Plan #_____Indiv. #_____

I hereby certify that all of the information given, including income, is correct.

_____ ___/___/___
Your Signature mo day yr

For Staff Use Only

Client (IRIS) ID#
Pov. Level _____%
FP Code (circle one) 01 02 03 04 05 06
Staff Initials_____ Date___/___/___

Insurance covering family planning (circle one) Public Private None Unknown

Limited English Proficiency ❑ Yes ❑ No
New FP Client? Existing FP Client? (circle one)

*_____

*Please tell us who to contact in case of emergency (parent or guardian if under 18): An emergency would be severe bleeding, unconsciousness, accident or a condition requiring ambulance transport or hospitalization. Family planning services DO NOT require parental permission; however, in an emergency situation, if you are under 18 years of age, we will notify a parent or guardian. Does the above person know that you are receiving services here? YES_____NO_____