

HAYWOOD COUNTY HEALTH DEPARTMENT

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

DATE OF BIRTH: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CAN YOU RECEIVE MAIL OR PHONE CALLS FROM THE HEALTH DEPARTMENT?

MAIL? YES \_\_\_\_\_ NO \_\_\_\_\_ PHONE CALLS? YES \_\_\_\_\_ NO \_\_\_\_\_

WOULD YOU RATHER BE CONTACTED BY EMAIL OR TEXT MESSAGE? YES \_\_\_ NO \_\_\_

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

RACE  ASIAN  BLACK/AFRICAN AMERICAN  AMERICAN INDIAN/ALASKA NATIVE

HAWAIIAN OR POLYNESIAN  CAUCASION/WHITE  MULTICULTURAL \_\_\_\_\_ (mark all that apply)

ETHNICITY \_\_\_\_\_  HISPANIC  NON-HISPANIC

SEX  MALE  FEMALE MARITAL STATUS  SINGLE  MARRIED

WIDOW(ER)  DIVORCED

WHAT IS THE HIGHEST LEVEL OF EDUCATION COMPLETED? \_\_\_\_\_

\*EMERGENCY CONTACT PERSON \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

\*PLEASE LIST ALL PERSON(S) LIVING IN THE HOUSEHOLD ALONG WITH THEIR INCOME IF ANY\*

\*PATIENTS INCOME: PLACE OF EMPLOYMENT \_\_\_\_\_ \$ \_\_\_\_\_ PER HR \_\_\_\_\_ HRS A WEEK  
CHILD SUPPORT \$ \_\_\_\_\_ PER MONTH

NAME \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_ \$ \_\_\_\_\_ PER HR \_\_\_\_\_ HRS A WEEK

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NAME \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_ \$ \_\_\_\_\_ PER HR \_\_\_\_\_ HRS A WEEK

NAME \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_ \$ \_\_\_\_\_ PER HR \_\_\_\_\_ HRS A WEEK

NAME \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_ \$ \_\_\_\_\_ PER HR \_\_\_\_\_ HRS A WEEK

TYPE OF HEALTH INSURANCE  NONE  MEDICAID  NC HEALTH CHOICE  PRIVATE

NAME OF HEALTH INSURANCE \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

RESPONSIBLE PARTY/GUARANTOR \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

DATE: \_\_\_\_\_