Codman Square
Health Center

Codman Square Health Center
637 Washington Street Dorchester, MA 02124
617 825 9660 • codman.org

NEW PATIENT DEMOGRAPHICS SHEET

Please print clearly to ensure accuracy

Were you ever seen at Codman Square Health Center? ☐ Yes ☐ No

Sex
☐ Male ☐ Female
☐ Trans; Female to Male
☐ Trans; Male to Female

Name ______________________________________ **Date of Birth** ____/____/______

Social Security Number _____-_____-________ **Marital Status** ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Address ____ **City** ______________________ **State** ______ **Zip Code** ___________

Cell Phone _________________________ **Home Phone** _________________________ **Work Phone** _________________________

E-mail Address ____

Please provide a billing address below, if different from above:

Address ____ **City** ______________________ **State** ______ **Zip Code** ___________

Emergency Contact Name _______________________________________ **Phone Number** _________________________

Relationship ____________________________ **Does the person know that you are a patient here?** ☐ Yes ☐ No

Are you a Veteran, or have you been discharged from the Military? ☐ Yes ☐ No

Education level
☐ High School
☐ College Graduate
☐ Some College
☐ Certificate Program
☐ GED/Diploma

Ethnic Group
☐ Asian
☐ Black Non-Hispanic
☐ Hispanic Non-White
☐ White (Caucasian)
☐ Other: _____________________

Primary Language Spoken
☐ English
☐ Haitian Creole
☐ Portuguese
☐ Spanish
☐ Cape Verdean
☐ Vietnamese
☐ Other: ____________________

Interpreter Needed? ☐ Yes ☐ No ***If yes, language:*** ______________________

Do you have health insurance? ☐ Yes ☐ No

Name of Insurance __________________________________ **Policy / Card ID#** __________________________

Who is your Primary Care Provider (Doctor's Name & Address): _______________________________________

Do you have Medicare? ☐ Yes ☐ No

If yes, is **Medicare due to:** ☐ Disability, ☐ Age 65 & Older or ☐ End Stage Renal Disease

Sliding Fee Discount Program
If under age 18, number of all household members are ____, and Household's Annual Income is $ ______________

If over age 18, number of dependents including yourself and spouse (if applicable) are ______, and the Household's Annual Income is $ ___________________

Employment – Check one: ☐ **Employed** ☐ **Self-Employed** ☐ **Unemployed**