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 ☐ Other
☐ Trans; FTM ☐ Trans; MTF
☐ Gender nonconforming

Name _____ **Date of Birth** ____/_____/_____

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

Address _____ **City** _____ **State** _____ **Zip Code** _____

Cell Phone _____ **Home Phone** _____ **Work Phone** _____

Email 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, Medicare is due to:** ☐ Disability ☐ Age 65 & Older ☐ End-Stage Renal Disease

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

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

Employment (Check One)
☐ Employed ☐ Self-Employed ☐ Unemployed

Revised: September 2021