



Patient Social Demographic Form

Name _____

Date of Birth _____

***How many people live in your household? (circle the correct answer)**

1 2 3 4 5 6 7 8 9 10 or more I decline to answer _____ initial

***What is your household income? This should be a total of everyone in the house**

\$10,000 or Less \$10,001.00 to \$25,000.00
\$25,001.00 to \$50,000.00 \$50,001.00 to 75,000.00
\$75,001.00 to 100,000.00 \$100,001.00 to \$125,000.00
\$125,001.00 to 200,000.00 \$150,001.00 to 200,000.00
Higher than \$ 200,000.00 I decline to answer _____ initial

If you work as an agricultural worker, please select what type of work.

Not Applicable Migrant Seasonal I decline to answer

If you are currently in a homeless situation, please select what type of work.

Not Applicable Doubling up Homeless Shelter Street
Transitional Other Unknown I decline to answer

Are you a veteran? Yes No I decline to answer

Do you live in public housing? Yes No I decline to answer

What is your sexual orientation? (ONLY ANSWER IF 12 YEARS OLD OR OLDER)

Lesbian, Gay or homosexual Straight or heterosexual Bisexual
Something else Don't know I decline to answer

What is your gender identity? (ONLY ANSWER IF 12 YEARS OR OLDER)

Male Female Transgender Male (Female-to-Male) Gender Queer
Transgender Female (Male-to-Female) Other I decline to answer

Are you a family planning patient? Yes No I decline to answer

Are you a black lung patient? Yes No I decline to answer

Are you a Native Hawaiian? Yes No I decline to answer

Marital Status? Unknown Married Single Divorced Separated Widowed Partner

***I decline to provide household size and income information even though it may provide me with additional discounts. Patient Signature** _____