HEARTLAND
COMMUNITY HEALTH CENTER

Heartland Community Health Center
1312 W 6th St
Lawrence, KS 66044

Heartland @ Panda Pediatrics
1803 W 6th St
Lawrence, KS 66044

Heartland COVID-19 Clinic
346 Maine St, Suite 150
Lawrence, KS 66044

# NEW PATIENT REGISTRATION FORM

## NEW PATIENT INFORMATION

| Last Name (legal): | First Name (legal): | MI: | Preferred Name: |
|---|---|---|---|
| | | | |

| Date of Birth: | Sex Assigned at Birth: | Gender Identity: | Sexual Orientation: |
|---|---|---|---|
| | ☐Male ☐Female | ☐Male ☐Female ☐Non-binary/something else ☐Transgender man/male/masculine/FTM ☐Transgender woman/female/feminine/MTF ☐Choose not to disclose | ☐Heterosexual (straight) ☐Lesbian or Gay ☐Bisexual ☐Don't know ☐Choose not to disclose ☐Other:_____ |

| Social Security #: / Guarantor: | Ethnicity: | Race: | Appointment Confirmation Preference: |
|---|---|---|---|
| **Guarantor:** ☐Father ☐Mother ☐Foster Parent ☐Other _____ | ☐Hispanic/Latinx ☐Not Hispanic/Latinx ☐Refuse to report ethnicity | ☐American Indian/ Alaska Native ☐ Native Hawaiian ☐Pacific Islander ☐Asian ☐White ☐Black/African American ☐ More than one race ☐Refuse to Report Race | ☐Phone Call ☐Text Message ***appointments are required to be confirmed through reminder calls/text.*** ☐Permission to leave voicemail Preferred Phone #s: _____ |

| Address: | City: | State: | Zip: |
|---|---|---|---|
| | | | |

## Father or Guardian _____

| Last Name (legal): | First Name (legal): | MI: | Preferred Name: |
|---|---|---|---|
| | | | |

| Date of Birth: | Social Security #: | Personal Phone Number: / Work/Alt Phone Number: | Email Address: |
|---|---|---|---|
| | | | |

| Address: | City: | State: | Zip: |
|---|---|---|---|
| | | | |

| Marital Status: | Are you a migratory or seasonal farm worker? | Are you a U.S. Veteran? | Language in Home: | Living Situation: |
|---|---|---|---|---|
| ☐Single ☐Married ☐Divorced ☐Separated ☐Widowed ☐Partner | ☐Yes ☐No | ☐Yes ☐No | ☐English ☐Spanish ☐Other ***(please specify):*** _____ | ☐Own ☐Rent ☐Homeless If homeless, please select one: ☐Shelter ☐Street ☐ Transitional ☐Permanent Supporting Housing ☐Doubling up ***(couch surfing, etc.)*** Other:_____ |

## Mother or Guardian

| Last Name (legal): | First Name (legal): | MI: | Preferred Name: |
|---|---|---|---|
| | | | |

| Date of Birth: | Social Security #: | Personal Phone Number: / Work/Alt Phone Number: | Email Address: |
|---|---|---|---|
| | | | |

| Address: | City: | State: | Zip: |
|---|---|---|---|
| | | | |

| Marital Status: | Are you a migratory or seasonal farm worker? | Are you a U.S. Veteran? | Language in Home: | Living Situation: |
|---|---|---|---|---|
| ☐Single ☐Married ☐Divorced ☐Separated ☐Widowed ☐Partner | ☐Yes ☐No | ☐Yes ☐No | ☐English ☐Spanish ☐Other ***(please specify):*** _____ | ☐Own ☐Rent ☐Homeless If homeless, please select one: ☐Shelter ☐Street ☐ Transitional ☐Permanent Supporting Housing ☐Doubling up ***(couch surfing, etc.)*** Other:_____ |

**Who is your preferred provider?**

_____

Completed by (Name:) _____ Signature: _____ Date: _____