


<b>Legal Name</b>	Last	First	Middle Initial	<b>Preferred Name</b>
<b>Legal Sex</b> (please check one) <input type="radio"/> Female <input type="radio"/> Male <i>While PureView recognizes a number of genders / sexes, many insurance companies and legal entities unfortunately do not. Please be aware that the name and sex you have listed on your insurance must be used on documents pertaining to insurance, billing and correspondence. If your preferred name and pronouns are different from these, please let us know.</i>		<b>Insurance Information</b> Primary Medical Insurance: _____ Secondary Insurance: _____ Tertiary Insurance: _____ Dental Insurance Only: <input type="radio"/> Yes _____ <input type="radio"/> I do not have Insurance. <i>(Free insurance enrollment services available.)</i>		
<b>Date of Birth</b> Month / Day / Year		<b>Social Security #</b>		
<b>Home Phone</b> ( ) Okay to leave voice mail? <input type="radio"/> Yes <input type="radio"/> No		<b>Cell Phone</b> ( ) Okay to leave voice mail? <input type="radio"/> Yes <input type="radio"/> No		<b>Work Phone</b> ( ) Okay to leave voice mail? <input type="radio"/> Yes <input type="radio"/> No
				<b>Best number to use:</b> <input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Billing Address</b> (if different from above)		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Are You Homeless?</b> <input type="radio"/> Yes <input type="radio"/> No <b>If yes circle one:</b> Shelter Transitional RV/Tent Doubling-Up Street Other _____				
<b>Preferred Pharmacy</b> (Low-cost prescriptions available at both Helena PureView Pharmacies) <input type="radio"/> Main Clinic <input type="radio"/> Downtown Clinic <input type="radio"/> Other (Please List) _____				
<b>Do you want to sign up for the patient portal?</b> <i>(A secure web program to communicate with your care team. Email address required below.)</i> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Already Signed Up				
<b>Email Address:</b>		<input type="radio"/> None <input type="radio"/> Choose not to share		
<b>Are You a Veteran?</b> <input type="radio"/> Yes <input type="radio"/> No		<b>Occupation/Employer:</b>		
<b>Emergency Contact Name:</b>		<b>Phone #</b>	<b>Relationship to You:</b>	
<i>If you are under the age of 18 we require that you provide parent/guardian contact information</i>				
<b>Parent/Guardian Name:</b>		<b>Phone #</b>	<b>Relationship to You:</b>	
<i>PureView Health Center may send certain lab and diagnostic imaging results.</i>				
<b>How would you like to receive this correspondence?</b> <input type="radio"/> Secure Patient Portal (Must be signed up.) <input type="radio"/> Letter <input type="radio"/> Other				

PureView Health Center is federally funded. The personal information you provide in the section below is to be compliant with federal regulations. We are **required** to collect the following information from our patients. This will not impact the care you receive.

<b>What is your Annual Income? *</b> \$ _____  <input type="radio"/> No income  <b>How many people, including you, does this income support?</b> _____	<b>Employment Status:</b> <input type="radio"/> Employed Full Time <input type="radio"/> Employed Part Time <input type="radio"/> Student Full Time <input type="radio"/> Student Part Time <input type="radio"/> Retired <input type="radio"/> Unemployed <input type="radio"/> Disabled <input type="radio"/> Other _____	<b>Racial Group(s)</b> (select all that apply) <input type="radio"/> Asian <input type="radio"/> Native Hawaiian <input type="radio"/> Other Pacific Islander <input type="radio"/> Black/African American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> White <input type="radio"/> Decline to specify	<b>Ethnicity:</b> <input type="radio"/> Hispanic/Latino/Latina <input type="radio"/> Not Hispanic/Latino/Latina <input type="radio"/> Decline to specify  <b>Country of Birth:</b> <input type="radio"/> USA <input type="radio"/> Other _____
<b>Preferred Language:</b> <input type="radio"/> English <input type="radio"/> Español <input type="radio"/> Français <input type="radio"/> Português <input type="radio"/> Other _____	<b>Marital Status:</b> <input type="radio"/> Married <input type="radio"/> Partnered <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Legally Separated	<b>Referral Source:</b> <input type="radio"/> Self <input type="radio"/> Friend/Family <input type="radio"/> Advertisement <input type="radio"/> Other _____	<b>Please Turn Over</b> 

\*PureView Health Center offers a Sliding Fee Discount. Based only on household size and income, you may qualify. Anyone can apply, even if you have insurance. Please speak with the scheduling staff or call the Billing Office at 406.457.0000 to learn more.

**NO ONE WILL BE DENIED CARE DUE TO AN INABILITY TO PAY**

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<b>Do you think of yourself as:</b> <input type="radio"/> Lesbian or Gay <input type="radio"/> Straight (not lesbian or gay) <input type="radio"/> Bisexual <input type="radio"/> Something else <input type="radio"/> Don't know <input type="radio"/> Choose not to disclose	<b>What was your sex at birth?:</b> <input type="radio"/> Female <input type="radio"/> Male	<b>Gender Identity:</b> <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Transgender Male/ Female-to-Male <input type="radio"/> Transgender Female/ Male-to-Female <input type="radio"/> Other <input type="radio"/> Choose not to disclose
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