



WELCOME TO SAN YSIDRO HEALTH CENTER, INC.

Financial Responsibility (Parent or Guardian)

Please complete a registration form if it's your first time here as a patient or if you need to update your registration. (You need an ID, without exception. Other documentation may be required.)

Name _____ Date of Birth _____

Social Security Number _____ Place of Birth _____

Sex _____ Marital Status _____ Ethnicity: Do you consider yourself Hispanic or Latino? Yes ___ No ___

Race: White ___ Black/African-American ___ Asian ___ American Indian/Alaskan Native ___ Native Hawaiian ___

Pacific Islander ___ Unreported/Refuse to report ___ More than one race ___

Address _____ Zip Code _____

Phone Number _____ Cell Phone Number _____

Children or Dependants Information

Name _____ Social Security Number _____ Date of Birth _____

Name _____ Social Security Number _____ Date of Birth _____

Name _____ Social Security Number _____ Date of Birth _____

Employer Information

Name of Company or Organization _____ Position _____

Address _____ Telephone _____

Contact in Case of Emergency (Other than yours)

Name _____ Relationship _____

Address _____ Telephone _____

Are you a legal resident of San Diego County? Yes ___ No ___

Do you have Medical Insurance/Coverage? ___ Medi-Cal ___ CMS ___ other and name _____

We need your current Insurance, Medi-Cal, or CMS card in order to bill for medical services.

Are you a Veteran? Yes ___ No ___

Do you have a disability? Yes ___ No ___

Do any of your dependents have a disability? Yes ___ No ___

Do you have a medical problem as a result of an injury or accident caused by or on the job? Yes ___ No ___

Do you need assistance to pay for medical services? Yes ___ No ___

What is your household monthly income? \$ _____

How many dependants? (Including yourself) _____

Are you homeless or living in a shelter? Yes ___ No ___

Are you a seasonal or migrant worker? Yes ___ No ___

Are you living in a Public Housing or receiving Section 8? Yes ___ No ___

Are you comfortable speaking English? Yes ___ No ___

Signature _____ Date _____