



# CHC Client Registration Form

CHC Staff To Complete - Medical Record #: \_\_\_\_\_ Unicare ID #: \_\_\_\_\_

Please indicate if services are primarily for your child or yourself:  Child  Self - (Adult or of Legal Age to Consent)

Please complete the following information on PAGE 1 as it pertains to the **client/child**

## CLIENT/CHILD INFORMATION:

### Client & Emergency Contact Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Suffix: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_ Trans: \_\_\_\_\_ Prefer to Self-Describe: \_\_\_\_\_ Prefer Not to Say: \_\_\_\_\_  
 Living Arrangement:  House/Apt  Foster Home  Group Home  Other (specify): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employment Status:  Not in Labor Force  Full-Time  Part-Time  Student  N/A  
 Primary Language (language used most of the time by the client/child): \_\_\_\_\_ Education Level/Grade: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Emergency Contact (Name & Phone): \_\_\_\_\_ Relationship to Client: \_\_\_\_\_  
 Primary Care Physician Name: \_\_\_\_\_ Health Agency Name: \_\_\_\_\_  
 Contact Information for Primary Care Physician (Phone/Address): \_\_\_\_\_

### Background Information:

Birth Name: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
LAST NAME FIRST NAME MI SUFFIX  
 Alias or Other Name Used: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
LAST NAME FIRST NAME MI SUFFIX  
 Referred to CHC by (if applicable): \_\_\_\_\_ | \_\_\_\_\_  
NAME OF PERSON / ORGANIZATION RELATIONSHIP TO CLIENT  
 First Name of Client/Child's Mother: \_\_\_\_\_  
 Client/Child's Place of Birth: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
COUNTY STATE COUNTRY  
 Does the client/child have a custody arrangement with the state/courts (ex. – dependent of the court, ward of the state)?:  Yes  No  
 If so, who is the point of contact?: \_\_\_\_\_ | \_\_\_\_\_  
NAME OF PERSON / ORGANIZATION TELEPHONE/CONTACT #  
 Preferred Language: Child/Client: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
 Hispanic Ethnicity:  Yes  No  
 Primary Race (check all that apply):  
 American Indian  Cambodian  Hawaiian Native  Laotian  Samoan  
 Alaskan Native  Chinese  Hmong  Mien  Vietnamese  
 Asian Indian  Filipino  Japanese  Other Asian  White  
 Black  Guamanian  Korean  Other Pacific Islander  Unknown/Not Reported  
 Other (specify): \_\_\_\_\_

Have you had any previous interactions with CHC before?  Yes  No

How did you hear about CHC?: \_\_\_\_\_

**ALL INFORMATION TO BE UPDATED ANNUALLY.**



**PARENT/GUARDIAN INFORMATION:**

Please complete the following information on PAGE 2 as it pertains to the **parents/guardians** (if applicable)

**Parent/Guardian [ A ]**

Name: \_\_\_\_\_ | \_\_\_\_\_ Relationship to Client: \_\_\_\_\_  
LAST NAME FIRST NAME

Marital Status:  Single/Never Married  Married  Separated  Divorced  Widowed  Remarried

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Okay to leave message? Yes  No

Cell Phone #: \_\_\_\_\_ Okay to leave message? Yes  No

Work Phone #: \_\_\_\_\_ Okay to leave message? Yes  No

Email Address: \_\_\_\_\_

Communication Preference:  Home Phone  Cell Phone  Work Phone  Email

Employer Name: \_\_\_\_\_

Does Parent/Guardian [ A ] live with Client/Child?  Yes  No

What is the legal custody status of Parent/Guardian [ A ]?  Sole Custody  Shared/Joint Custody  None/Absent

**Parent/Guardian [ B ]**

Name: \_\_\_\_\_ | \_\_\_\_\_ Relationship to Client: \_\_\_\_\_  
LAST NAME FIRST NAME

Marital Status:  Single/Never Married  Married  Separated  Divorced  Widowed  Remarried

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Okay to leave message? Yes  No

Cell Phone #: \_\_\_\_\_ Okay to leave message? Yes  No

Work Phone #: \_\_\_\_\_ Okay to leave message? Yes  No

Email Address: \_\_\_\_\_

Communication Preference:  Home Phone  Cell Phone  Work Phone  Email

Employer Name: \_\_\_\_\_

Does Parent/Guardian [ B ] live with Client/Child?  Yes  No

What is the legal custody status of Parent/Guardian [ B ]?  Sole Custody  Shared/Joint Custody  None/Absent

**Please be advised – for parents with sole custodial rights, CHC will need to be provided a copy of the court documents describing the custodial arrangement. For parents/guardians where the other parent/guardian is absent, you will be required to sign a Caregiver Affidavit Form.**

**Form Completed By:**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

ALL INFORMATION TO BE UPDATED ANNUALLY.