

**Community Health Awareness Oklahoma**

1515 N. Classen Blvd., Oklahoma City 73106

405-604-0204 off 405-604-0380 fax

**Pre-Patient Clinic Registration**

Free Clinic Date \_\_\_\_\_ Time \_\_\_\_\_ To \_\_\_\_\_

Purpose

Visiting \_\_\_\_\_

of

**PATIENT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle

Initial: \_\_\_\_\_ Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State:

\_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: Home \_\_\_\_\_

\_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: \_\_\_\_\_ M F Social Security #: \_\_\_\_\_ Marital

Status: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Preferred

Language: \_\_\_\_\_ Email address: \_\_\_\_\_

**EMPLOYER INFORMATION**

Name of Company:

Phone Number:

Street Address:

City:

State:

Zip:

\* Emergency Contact:

Phone #:

How did you hear about us (circle one):

- |          |              |                      |            |                     |
|----------|--------------|----------------------|------------|---------------------|
| family   | newspaper    | mail out / flyer     | television | employee            |
| internet | drive by     | billboard / sign     | friend     | referring physician |
| walk in  | yellow pages | referred by employer | patient    | school nurse        |

**I certify that the information provided above is complete and accurate to the best of my knowledge.**

Signature of Patient or Patient Representative

Date