

MRN

OC Health Care Agency  
17<sup>th</sup> Street Testing and Treatment Clinic



**Instructions:** Complete the entire form. All fields are required.

ALL INFORMATION ON THIS FORM IS CONFIDENTIAL  
CA Civ Code § 56.10

**PATIENT REGISTRATION FORM**

Legal Name (Last, First, MI) \_\_\_\_\_

AKA/Affirmed Name (Last, First, MI) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  No Mail

If unhoused, where can we locate you (streets)? \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Alt Phone (\_\_\_\_\_) \_\_\_\_\_  No Phone Calls  Voicemail Ok  Text Ok

Email \_\_\_\_\_  No email

**Emergency Contact (EC) Name & Relationship** \_\_\_\_\_ EC Phone (\_\_\_\_\_) \_\_\_\_\_

Sex at Birth  Female  Male  Other  Decline to Answer

Gender  Female  Genderqueer  Male  Non-Binary  Transgender Man  
 Transgender Woman  Other, not listed  Decline to Answer

Pronouns  He/Him/His  She/Her/Hers  They/Them/Theirs  Decline to Answer

**Primary Language** (select all that apply)

American Sign Language  English  Japanese  Portuguese  Vietnamese  
 Arabic  Farsi  Korean  Spanish  Other, write in \_\_\_\_\_  
 Cambodian  French  Mandarin  Tagalog \_\_\_\_\_  
 Cantonese  German  Persian  Thai

**Race** (select all that apply)

American Indian/Alaska Native  Hispanic  White  Decline to Answer  
 Asian  Middle Eastern or North African  Unknown Answer  
 Black or African American  Native Hawaiian or Pacific Islander  Other

**Ethnicity** (select all that apply)

Aleut  Hispanic or Latino  Pakistani  
 Bangladeshi  Hispanic, Other \_\_\_\_\_  Puerto Rican  
 Black/African American  Indian (Asian)  Samoan  
 Cambodian  Iranian  Somalian  
 Caucasian/European/White  Iraqi  South or Central American  
 Chinese  Japanese  Spanish  
 Colombian  Korean  Sri Lankan  
 Cuban  Laotian  Thai  
 Egyptian  Lebanese  Vietnamese  
 Filipino  Mexican  Unknown  
 Guamanian  Native American/American Indian  Other \_\_\_\_\_  
 Hawaiian Native  Pacific Islander - Not Hawaiian/Guam/  
Samoan  Decline to Answer