

ECU PASS Clinic Initial Application & Contact Information

Patient's Full Name _____ Birthdate _____ Age _____ Gender _____
 Local Address _____ City _____ State _____ Zip Code _____
 Permanent Address _____ City _____ State _____ Zip Code _____
 Preferred Phone _____ Alternate Phone Number _____

Are you (or Partner) _____ ECU Student _____ ECU Staff/Faculty _____ Neither (Community)

<u>Adult Patient or Responsible Adult for Billing</u>	<u>Spouse/Partner (if applicable)</u>
Self or Relationship to Patient _____	Relationship to Patient _____
Name _____ Gender _____	Name _____ Gender _____
Date of Birth _____ Age _____	Date of Birth _____ Age _____
Education (Years Completed) _____	Education (Years Completed) _____
Occupation _____	Occupation _____
Employment Status (Check One): (1) Unemployed (2) Part-time (3) Full-time (4) Retired (5) Disabled	Employment Status (Check One): (1) Unemployed (2) Part-time (3) Full-time (4) Retired (5) Disabled
Employer _____	Employer _____
Military Service Member: Yes _____ No _____	Military Service Member: Yes _____ No _____
Branch: _____	Branch: _____
Years of service (#): _____	Years of service (#): _____
Dates of service (approximate): _____ - _____	Dates of service (approximate): _____ - _____

<u>Children's/Dependent's Names</u>	<u>Shared/Other Custody (circle)</u>	<u>Birthdate</u>	<u>Gender</u>	<u>Age</u>	<u>Grade</u>
1. _____	S/O	_____	_____	_____	_____
2. _____	S/O	_____	_____	_____	_____
3. _____	S/O	_____	_____	_____	_____
4. _____ (USE BACK TO LIST ADDITIONAL CHILDREN)	S/O	_____	_____	_____	_____

Patient's Demographic Information

Patient's Ethnicity: (1) European-American (Caucasian) (2) African-American (3) Hispanic-American (4) Native-American (5) Asian-American (6) Multi-Racial (7) International _____

Is patient's primary language English? Yes _____ No _____ if no, list primary language: _____

FILE # _____

Patient's Relationship Status: (Check one) (1) Child (N/A) (2) Single (3) Married (4) Divorced (5) Separated (6) Widowed (7) Further explanation (e.g., cohabiting) _____

Patient's Sexual Orientation: (Check one) (1) Child (N/A) (2) Heterosexual (3) Lesbian (4) Gay (45) Bisexual (6) Questioning (7) Further explanation _____

If Disability Status, which apply? (Check all that apply) (1) Physical/Orthopedic (2) Blind/Visually Impaired (3) Deaf/Hard of hearing (4) Learning/Cognitive disability (5) Developmental disability (6) Serious mental illness (7) Other _____

Patient's Religious Affiliation Yes _____ No _____ Sect/ Denomination _____

CONTACT PREFERENCES

OK to leave Phone Message from the ECU PASS Clinic? Yes _____ NO _____

Ok to Contact via email for scheduling only? Yes _____ NO _____ Email Address _____

Other contact preferences? _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship to patient _____

Address _____
(Street, Apt. #) (City) (State) (Zip Code)

Telephone #: Daytime _____ Evening _____

Thank You