Public Health
Prevent. Promote. Protect.
Portland Public Health Division
City of Portland, Health and Human Services Department

Today's date: _____/______/___________

How did you hear about us? (Check all that apply)

___Friend/family/word of mouth
___Doctor or medical provider
___DIS/clinic staff
___Sex partner
___Other site/app______________________________________
___Other ____
___Return patient
___City Website
___Facebook
___Outreach

Last Name: ______________________________**First:** ___________________________ **MI:** ________

Date of Birth:_____/_____/________

Address: _________________________________**City:**_______________________ **Zip Code:** _______

Sex at birth: Male____ Female____ Intersex____
Current Gender Identity: Male___ / Female ___/ Transman ___ / Transwoman/___
Non-Binary___ / Prefer to self describe:__________________

Highest level of education completed:____

Race/Check all that apply:

American Indian/Alaskan Native:___
Asian: ___
Black/African American: ___
Native Hawaiian: ___
Other Pacific Islander: ___
White: ___
Other: ___
Latino or Hispanic: ___

Primary language: _____________________ **Interpreter services needed?** Y/N

Marital Status: Married ___ /Single___ /Partnered___

Contact Information:
-Best phone number to reach you at:
____

Emergency Contact:
-Name: _________________________
-Relationship: _________________
-Phone: _____________________

Are you currently housed? Yes. I have my own place Yes. Living with friends, family, etc.

No – please circle one: Couch surfing
Shelter
Sleeping outside
Other:___________________________

Do you have a regular doctor? Yes / No
If YES, give name and location: ____

Do you have insurance? Yes / No
If YES, list ONLY the name of your insurance: ____