

BrevardHEALTH Alliance™

Please Bring Photo ID, Social Security Card, and Insurance Card

Patient's Name:

Last _____ First _____ Middle Initial _____ DOB _____ Sex(M/F/O)

Legal Guardian's Name: _____

(If patient is a minor)

Last _____ First _____ Middle Initial _____

Patient Address: _____

Street Address _____ City _____ State _____ Zip Code _____

Email Address: _____

Phone Number you wanted to be reached at for results: _____ -- _____ -- _____

Patient's Social Security: _____ - _____ - _____

Housing Status:

Own Rent Public Housing Section 8 Other: _____

If OTHER, please identify Homeless Status:

Transitional Housing Homeless Shelter Street Doubled Up Other: _____

Patient's Gender Identity:

Male Transgender Male/Female-to-Male Other
 Female Transgender Female/Male-to-Female Choose not to disclose

Patient's Sexual Orientation:

Straight or heterosexual Bisexual Don't know
 Lesbian, gay or homosexual Something else Choose not to disclose

Race:

American Indian/Alaskan Native Native Hawaiian Asian Non-Hispanic White
 Black/African American Other Pacific Islander Unreported Hispanic
 More Than One Race Other: _____

Ethnicity:

Hispanic or Latino Not Hisp Hispanic Unreported/Refused to Report Other Ethnicity: _____

Served in U.S. Armed Forces:

Yes No Patient Classification:

No Insurance

I have Insurance (please complete below):

Insurance Information

Insurance Company: _____

Subscriber No.: _____ Group No.: _____

Policyholder's Name: _____ Birthdate: ____ / ____ / ____

Policyholder's SSN _____

Policyholder's mailing address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Consent: I authorize the health care providers of The Brevard Health Alliance (BHA) to treat, prescribe medications and consent to photograph for purposes of treatment and accurate identification for me, as the providers feel necessary.

OR

I, as the parent or legal guardian/representative of the patient, do hereby give my consent and authorize treatment

Signature: _____ Date: _____

Relationship: _____