Sacramento Native American Health Center, Inc.

2020 J Street, Sacramento, CA 95811
PHONE: (916) 341-0575 FAX: (916) 341-0574
www.SNAHC.org

Personal Information:

Legal Name			
Social Sec. #		**Driver's License #**	**Exp. Date**
Gender	☐ Male ☐ Female		
Date of Birth			
Marital Status	☐ Single ☐ Separated ☐ Divorced ☐ Married ☐ Widowed ☐ Unknown		
Race/Ethnicity	☐ American Indian/Alaskan Native ☐ Hispanic/Latino (all other races) ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Black/African American ☐ Hispanic/Latino (white race only) ☐ Unspecified		
Highest Ed. Level	☐ Less Than High School ☐ HS Grad ☐ Some College ☐ Tech/Vocational School ☐ 2Yr College Degree ☐ BS/BA Degree ☐ Some Grad School ☐ Master's ☐ Phd-Academic ☐ Phd-Professional ☐ Post-Doctorate ☐ Prof. Certificate		

Home Address Information:

Address Line 1	
Address Line 2	
City, St, Zip,	

Mailing Address Information: (if different than home address)

Address Line 1	
Address Line 2	
City, St, Zip,	

Telephone Information:

Phone – Home	
Phone – Cell	

Emergency Contact Information:

Name-Primary		
Relationship	☐ Spouse ☐ Son ☐ Daughter ☐ Mother ☐ Father ☐ Brother ☐ Sister ☐ Other _____	
Address		
City, State, Zip		
Phone	☐ Home ☐ Business	No.
Name-Secondary		
Relationship	☐ Spouse ☐ Son ☐ Daughter ☐ Mother ☐ Father ☐ Brother ☐ Sister ☐ Other _____	
Address		
City, State, Zip		
Phone	☐ Home ☐ Business	Number
Physician Name		**Physician Phone**
Medications:	(*Please include non-prescription medications in addition to prescription medications)*	
Signature:		**Date:**
Parent/Guardian Signature: (if a minor)		**Date:**