CLINTON SERVICE UNIT NEW CHART APPLICATION

Please complete one CSU New Chart Application for every new patient.
Present this completed form along with certified documentation copies in order to establish a new patient chart.

Legal Name: _____ Alias/Maiden: _____

DOB: _____ City of Birth: _____ State of Birth: _____

SSN: _____ Sex: ☐ M ☐ F Race: _____

Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed ☐ Separated

Religious Preference: _____ Primary Language: _____ Preferred Language: _____

Physical Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date Moved To This Address: _____

IF APPLICATION IS FOR A MINOR, PLEASE USE APPLICANT EMPLOYER FOR MOTHER AND SPOUSE EMPLOYER FOR FATHER.

Applicant Employer: _____ ☐ Fulltime ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Military

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Spouse Employer: _____ ☐ Fulltime ☐ Part-Time ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Military

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Number in Household: _____ Total Household Income: $_____*-Per?* ☐ Week ☐ Month ☐ Year

Do You Have Internet Access? ☐ Yes ☐ No If Yes, Where? _____

Email Address: _____

Preferred Method of Communication: ☐ Letter ☐ Phone

Emergency Contact: _____

Relationship to Applicant: _____ Phone #: _____

Emergency Contact Address: _____ State: _____ Zip: _____

Name of Mother: _____ Maiden: _____

Mother's City of Birth: _____ Mother's State of Birth: _____

Name of Father: _____

Father's City of Birth: _____ Father's State of Birth: _____

Next of Kin: _____

Relationship to Applicant: _____ Phone #: _____

Kin's Address: _____

City: _____ State: _____ Zip: _____

Tribal Affiliation: _____ Tribal Blood Quantum: _____

Total Indian Blood Quantum: _____

Are You a Veteran? ☐ Yes ☐ No If Yes, What Branch? _____

Date of Entry: _____ Date of Discharge: _____

Do You Have a Valid VA Card? ☐ Yes ☐ No Vietnam Service Connected? ☐ Yes ☐ No

Service Connected Disability? ☐ Yes ☐ No Describe VA Disability: _____

Do You Have Private Insurance? ☐ Yes ☐ No Do You Have State Medicaid? ☐ Yes ☐ No

Do You Have Medicare? ☐ Yes ☐ No Do You Have Retirement Railroad Coverage? ☐ Yes ☐ No

If you have insurance please provide a notarized front and back copy of each card or present for scanning as well as complete the necessary corresponding Assignment of Benefits form.

Do you have an active claim pending for an: Accident? ☐ Yes ☐ No

Injury? ☐ Yes ☐ No

Workman's Comp? ☐ Yes ☐ No

Crime? ☐ Yes ☐ No

If **YES** please provide the date, location, description of what happened and who was involved: _____

_____

_____

_____

_____

Was the incident reported to the Police or other authorities? ☐ Yes ☐ No

Were the other parties injured? ☐ Yes ☐ No Are Attorneys involved? ☐ Yes ☐ No

I understand that after verifying eligibility and applying for a new chart, an electronic health record may be created within the Clinton Service Unit. I certify that the above information is true to the best of my knowledge and that no information provided is deliberately falsified.

_____ _____

Signature of Patient or Parent/Legal Guardian of Minor **Date**

IHS Staff Use Only:
Health Record Number: _____