SUMMITSTONE REGISTRATION – ADULT (18+)

Please provide the following information or complete for the person seeking services

DEMOGRAPHICS

<table>
<tr><td colspan="3">Name:</td></tr>
<tr><td colspan="3">Preferred Name:</td></tr>
<tr><td>Title:</td><td>First Name:</td><td>Middle Name:</td></tr>
<tr><td>Last Name:____________________</td><td>Suffix: _____________</td><td>Academic:
Highest Grade Completed _______
☐ High School Diploma/GED
☐ Some College
☐ Associates/Bachelors
☐ Masters
☐ Doctoral</td></tr>
<tr><td>Confidential Name:
_____________________</td><td colspan="2">Preference Type:
____________________________</td></tr>
</table>

<table>
<tr><td colspan="2">Social Security Number:</td><td colspan="2">Date of Birth:</td></tr>
<tr><td>Legal Sex:
☐ Female
☐ Male
☐ Unknown
☐ X</td><td colspan="2">Gender Identity:
☐ Female
☐ Male
☐ Transgender Female
☐ Transgender Male
☐ Genderqueer
☐ Non-Binary
☐ Choose not to disclose
☐ Other</td><td>Sex assigned at Birth:
☐ Female
☐ Male
☐ Unknown
☐ Not recorded on Birth Certificate
☐ Uncertain</td></tr>
<tr><td colspan="4">Sexual Orientation:
☐ Straight
☐ Bisexual
☐ Something Else
☐ Don’t know
☐ Choose not to disclose
☐ Gay
☐ Lesbian
☐ Queer
☐ Pansexual
☐ Asexual</td></tr>
</table>

<table>
<tr><td colspan="3">Permanent:
☐ Permanent
☐ Temporary
☐ Confidential</td></tr>
<tr><td>Address:</td><td>City:</td><td>State:</td></tr>
<tr><td>Zip:</td><td>County:</td><td>Country:</td></tr>
<tr><td>Home Phone:</td><td>Work Phone:</td><td>Mobile Phone:</td></tr>
<tr><td colspan="3">Email Address:</td></tr>
</table>

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ADDITIONAL DEMOGRAPHICS

Permanent Comments

ADDITIONAL PATIENT INFORMATION

Additional Demographic Info

Phonetic Name: ***(The way a spoken word sounds e.g. Jane Lily phonetically spelled is Jane Ligh-lee)***	**Relationship Status:**
______________________	☐ Divorced ☐ Legally Separated ☐ Married ☐ Other ☐ Significant Other ☐ Single ☐ Un-married Partner ☐ Unknown ☐ Widowed

Preferred Language:

☐ Acholi	☐ Croatian	☐ Karenni	☐ Pashai	☐ Tigrinya
☐ Afar	☐ Czech	☐ Kayah	☐ Pashto	☐ Tongan
☐ Afrikaans	☐ Dari	☐ Kekchi (Q'eqchi)	☐ Patwa	☐ Trukese
☐ Akan (Twi)	☐ Dinka	☐ Kinyarwanda	☐ Persian	☐ Tshiluba
☐ Albanian	☐ Dutch	☐ Kirundi	☐ Pohnpeian	☐ Turkish
☐ American Sign Language	☐ Ebon	☐ Kiswahilli	☐ Polish	☐ Twi
☐ Amharic	☐ Egyptian	☐ Korean	☐ Portuguese (Brazilian)	☐ Ukranian
☐ Arabic	☐ English	☐ Kuama	☐ Portuguese (European)	☐ Unknown
☐ Arabic - Egyptian	☐ Eschira	☐ Kurdish	☐ Pulaar	☐ Urdu
☐ Arabic - Jordanian	☐ Ewe	☐ Lao (Laotian)	☐ Punjabi	☐ Uzbek
☐ Arabic - Moroccan	☐ Faroese	☐ Lingala	☐ Quechua	☐ Vietnamese
☐ Arabic - Sudanese	☐ Farsi (Persian)	☐ Lithuanian	☐ Quonjabal	☐ Visayan
☐ Aramaic	☐ Filipino	☐ Luba-Kasai	☐ Rohingya	☐ Wolof
☐ Armenian	☐ Finnish	☐ Malagasy	☐ Romani	☐ Yiddish
☐ Asante (Ahsanti) (Twi)	☐ Fon	☐ Malay	☐ Romanian	☐ Yoruba

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☐ Assyrian	☐ French	☐ Malayalam	☐ Rotana	
☐ Bahasa (Indonesia)	☐ Fula (Fulani)	☐ Maltese	☐ Russian	
☐ Bambara	☐ Garifuna	☐ Mam	☐ Sami	
☐ Bandu	☐ German	☐ Mandarin Chinese	☐ Samoan	
☐ Bantu	☐ Greek	☐ Mandingo	☐ Sangho	
☐ Bengali	☐ Greenlandic (Kalaallisut)	☐ Mandinka	☐ Serbian	
☐ Berber	☐ Gujarati	☐ Marathi	☐ Somali	
☐ Bosnian	☐ Hahka-Chin	☐ Marshallese	☐ Spanish	
☐ Buldarian	☐ Hatiain Creole	☐ Masalit	☐ Spanish and Sign Lang	
☐ Burmese	☐ Hausa	☐ Miabei	☐ Sudanese	
☐ Cambodian (Khmer)	☐ Hawaiian	☐ Moldovian	☐ Swahili	
☐ Cantonese	☐ Hebrew	☐ Mongolian	☐ Swedish	
☐ Carolinian	☐ Hindi	☐ Moroccan Arabic (Darija)	☐ Tabasaran	
☐ Catalan	☐ Hmong	☐ Nauran	☐ Tagalong	
☐ Chaldean	☐ Hungarian	☐ Navajo	☐ Taiwanese	
☐ Chavacano	☐ Igbo	☐ Nepali (Nepalese)	☐ Tajik	
☐ Chinese - Mandarin	☐ Italian	☐ Nigerian	☐ Tamil	
☐ Chinese - Other	☐ Jamaican Creole	☐ Norwegian	☐ Telugu	
☐ Chinese - Taiwanese	☐ Japanese	☐ Oromo	☐ Thai	
☐ Chinese - Cantonese	☐ K'iche (Quiche')	☐ Other	☐ Tibetan	
☐ Chuukese (Trukese)	☐ Karen	☐ Palauan	☐ Tigre	

Needs Interpreter:	Race:	Ethnicity:
☐ Yes ☐ No	☐ White or Caucasian ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Other Asian ☐ Patient Declined ☐ Unknown ☐ More than one race ☐ Native Hawaiian ☐ Other Pacific Islander ☐ Chinese ☐ Filipino	☐ Non-Hispanic, Latino/a or Spanish Origin ☐ Hispanic, Latino/a or Spanish Origin ☐ Unknown ☐ Patient unable to Answer

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	☐ Japanese ☐ Korean ☐ Vietnamese ☐ Asian Indian ☐ Guamanian or Chamorro ☐ Samoan	

Ethnic Background:

☐ Mexican, Mexican-American, or Chicano/a
☐ Puerto Rican
☐ Cuban
☐ Other Hispanic/Latino/am or Spanish Origin
☐ Other
☐ Unknown
☐ Patient Unable to Answer
☐ Non-Hispanic, Latino/a, or Spanish Origin
☐ Ashkenazi

Religion:

☐ Agnostic	☐ Nazarine
☐ Anglican	☐ No Religious Preference
☐ Assembly of God	☐ Non-Denominational
☐ Atheist	☐ None
☐ Baha'i	☐ Not Religious
☐ Baptist	☐ Other
☐ Buddhist	☐ Pagan
☐ Catholic	☐ Patient Declined
☐ Christian	☐ Pentecostal
☐ Christian Reformed	☐ Presbyterian
☐ Christian Scientist	☐ Protestant
☐ Church of Crist	☐ Quaker
☐ Church of Jesus Christ of Latter-day Saints	☐ Reformed Church of America
☐ Eastern Orthodox	☐ Russian Orthodox
☐ Episcopalian	☐ Scientologist
☐ Greek Orthodox	☐ Seventh Day Adventist
☐ Hare Krishna	☐ Shinto
☐ Hindu	☐ Sikh
☐ Humanism	☐ Taoist
☐ Jain	☐ Unitarian Universalist
☐ Jehovah's Witmess	☐ United Church of Christ
☐ Jewish	☐ Unity Church
☐ Lutheran	☐ Unknown
☐ Menonite	☐ Wiccan
☐ Messianic Jewish	☐ Youruba
☐ Methodist	☐ Zoroastrian
☐ Muslim	

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Homeless Status:	**Homeless Type:**	**Public Housing:**
☐ Yes ☐ No	☐ Doubling Up ☐ Homeless Shelter ☐ Not Homeless ☐ Other ☐ Permanent Supportive Housing ☐ Street ☐ Transitional ☐ Unknown	☐ Yes ☐ No
Agricultural Worker Status: ☐ Migratory (*Individuals who are 'mobile workers' or' migratory agricultural workers'*) ☐ Neither ☐ Seasonal (*Individuals who are employed temporary framework, but do not move from their permanent residence to seek farmwork*)	**Currently Serving:** ☐ Active Duty ☐ Never Served ☐ No ☐ Other Reserve/National Guard ☐ Veteran	**Branch of Service:** ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy ☐ Various Branches

Veteran Status:

☐ Combat Veteran
☐ No, Never Served
☐ Non-combat Veteran

Dates of Military Service - from ____________________ to ____________________

Employment Status:

☐ Active – Leave of Absence
☐ Active
☐ Full Time
☐ Not Employed
☐ Active Military
☐ Part Time
☐ Retired
☐ Self Employed
☐ Student – Part Time
☐ Student – Full Time
☐ Terminated
☐ Unknown

SMOKING STATUS

☐ Never Smoked	☐ Former Smoker	☐ Heavy Tobacco Smoker	☐ Light Tobacco Smoker

CURRENT LIVING ARRANGEMENT (SELECT ALL THAT APPLY)

☐ Alone	☐ Foster Parents	☐ Guardian
☐ Mother	☐ Father	☐ Spouse
☐ Sibling(s)	☐ Partner/Significant Other	☐ Homeless
☐ Child(ren)	☐ Unrelated Person(s)	☐ Dependent living in supervised setting
☐ Dependent living with parents	☐ Relatives (kin)	☐ Other

ACCESSIBILITY AND DISABILITY

Disability Needs:	**Disability Accommodation:**	**Needs and Accommodation Comments:**
☐ Autism Spectrum Disorder ☐ Blind ☐ Cognitive/Intellectual/Learning ☐ Deaf/Does not use Sign Language ☐ Deaf/Uses Sign Language ☐ Declined to Answer ☐ Hearing loss/Hard of Hearing ☐ Low Vision ☐ Manual Dexterity Disability ☐ Mobility Disability ☐ None ☐ Other Disability Requiring Accommodation ☐ Speech/Communication Disability	☐ Accessible Medical Equipment ☐ Alternate Call Button ☐ Alternate Format Documents ☐ Assistance with Forms ☐ Assistive Listening Devices ☐ Assistive Listening Devices ☐ Support Person ☐ Clear Mask ☐ Communication Board ☐ Extended Appt Time ☐ Handheld White board ☐ Large Print ☐ Lip Reading ☐ Magnification Device ☐ Mobility Assistance ☐ None ☐ Other (specify in comment field ☐ Phone relay services ☐ Qualified Note taker ☐ Qualified Reader ☐ Service Animal ☐ TTY Phone ☐ Volume Control	____________________ ____________________ ____________________ ____________________
Accessible Document Preference ____________________	**Patient Type(s)** ____________________	

State ID

Drivers License #	**Driver's License State**	
____________________	____________________	

EMERGENCY CONTACT INFORMATION

Basic Info

Name:		
Gender:	**DOB:**	**SSN:**
Living Status:	**Address link?** ☐ **Yes** ☐ **No**	
Address:		
City:	**State:**	**County:**
Zip:	**Country:**	
Same Household? ☐ Yes ☐ No		
Home Phone:	**Work Phone:**	**Mobile Phone:**
Primary: ☐ Home ☐ Work ☐ Mobile		**Email:**
Occupation:		
Notify on Admission? ☐ Yes ☐ No	**Authorized Letter Recipient?** ☐ Yes ☐ No	

Relationship

Relationship:	Relationship Dates:	Role (start date, end date):
____________________	_________ **to** __________	_____________________
Medical Decision Maker: ____________________	**Active MDM?** ☐ Yes ☐ No	**MDM Document (Upload):**
Legal Guardian? ☐ **Yes** ☐ **No**		

Language/Accessibility

Preferred:	Spoken:	Written:
Interpreter Needed? ☐ Yes or ☐ No	**Hard of Hearing?** ☐ Yes or ☐ No	**Low Vision?** ☐ Yes or ☐ No
Hearing/visual needs: ____________________ ____________________ ____________________ ____________________	**Special needs:** ____________________ ____________________ ____________________ ____________________	

PCP AND PHARMACY INFO

Primary Care Provider

Add PCP:
Add Team Member:

Pharmacy (To be Completed by Pharmacy Only)

Preferred Pharmacy ***(Mark as Reviewed or Never Reviewed)*** ☐ Reviewed ☐ Never Reviewed

COMMUNICATION PREFERENCES

General Communication Preference

	Mail	**Phone**	**Email**
General Communication Preference	☐	☐	☐
Account Management	☐	☐	☐
Telehealth	☐	☐	☐
Appointments	☐	☐	☐
Billing	☐	☐	☐
Health	☐	☐	☐
Messages	☐	☐	☐

TREATMENT INFORMATION ***(This information is only used to assure appropriate treatment.)***

PLEASE CHECK ALL THAT DESCRIBE YOUR NEEDS

☐ Crisis services	☐ Mental health services	☐ Addiction recovery services
☐ Employment services	☐ Finding community resources	☐ Other

REFERRAL INFORMATION

Were you referred to treatment? ☐ Yes ☐ No	If yes, by whom?
Are you in need of a court-ordered treatment or assessment? If yes, check all that apply. ☐ Yes ☐ No ☐ Mental Health Assessment ☐ Drug/Alcohol Assessment ☐ Anger Management ☐ Other	

PLEASE CHECK ALL THAT APPLY TO YOUR CURRENT SITUATION

☐ I feel threatened by someone/something	☐ I have thoughts of hurting myself
☐ I have thoughts of hurting others	☐ Legal issues: Number of arrests in last 30 days:__ Number of DUI arrests in last 30 days:___
☐ Other/None:___________________________	