

**MONTEREY COUNTY  
HEALTH DEPARTMENT**  
**Clinic Services Bureau**



**Patient Registration Information**

Preferred Language: \_\_\_English \_\_\_Spanish \_\_\_Other:\_\_\_\_\_

Do you prefer to speak in a language that is not English? \_\_\_Yes \_\_\_No

Last Name		First Name		Middle Initial	
Date of Birth		Social Security Number		Sex: ___ Female ___ Male ___ Binary ___ X	
Mobile Number:			Secondary Number:		
Ethnicity ___Hispanic ___Black ___White ___Other:_____		Email			
Mailing Address			City		State Zip Code
Employer Name		Work Phone Number		Occupation	
Annual Income			# of Dependents (Family Size)		
Patient's Migrant Status ___Migrant ___Seasonal ___Not Farm Worker			Patient's Homeless Status: ___Not Homeless ___Homeless ___ Living with others		
In case of an emergency call (Name)			Phone number of person to call in case of emergency		

**Responsible Party**

*Information of person financially responsible if different from above  
(Parent/Guardian if patient is under 18)*

Last Name		First Name		Middle Initial	
Date of Birth		Social Security Number		Phone Number	

**Sexual Orientation and Gender Identity (SOGI) Questionnaire**

*This information is to help us serve you better. All information collected by us is kept confidential.*

**Sexual Orientation:** (choose one)

- Lesbian or Gay   
  Straight   
  Bisexual   
  Something else  
 Don't Know   
  Choose not to disclose   
  Pansexual   
  Non-binary/Queer

**Gender Identity:** (choose one)

- Female   
  Male  
 Transgender Female (Male-to-Female)   
  Transgender Male (Female-to-Male)  
 Other   
  Choose not to disclose  
 Non-binary/gender Queer   
  Questioning

**Preferred Pronoun:** (choose one)

- he/him   
  she/her   
  they/them  
 ze/zim   
  declines to answer   
  unknown