



Ithaca Free Clinic

**Ithaca Free Clinic – Registration Information**

**MR#** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ How do you prefer to be addressed? \_\_\_\_\_

Home Address: (Street) \_\_\_\_\_ (Apt. #) \_\_\_\_\_

(Town or City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

If Ithaca, please indicate City or Town: City \_\_\_\_\_ Town \_\_\_\_\_

Mailing Address: (if different from home address):

(Street or P.O. Box) \_\_\_\_\_ (Apt. #) \_\_\_\_\_

(Town or City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

If no permanent address, do you consider yourself homeless: Yes \_\_\_\_\_ No \_\_\_\_\_ In Shelter \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ No contact number: \_\_\_\_\_

E Mail: (used only for essential updates) \_\_\_\_\_

Relationship Status: Single/Spouse/Partner/Significant Other (Or Describe) \_\_\_\_\_

Number of People in Household: Adults \_\_\_\_\_ Children \_\_\_\_\_

Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Student \_\_\_\_\_ Occupation: \_\_\_\_\_

Health Insurance Status: Have coverage \_\_\_\_\_ No Coverage \_\_\_\_\_

Type of Insurance: Private/Third Party \_\_\_\_\_ Medicare \_\_\_\_\_ Medicaid \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

How did you hear about the Ithaca Free Clinic? Website \_\_\_ Flyer \_\_\_ IFC Staff \_\_\_ Word of Mouth \_\_\_  
Referral by Agency \_\_\_ Referral by Health Care Provider \_\_\_ Walk By \_\_\_ Other \_\_\_\_\_

*Donations are always appreciated, but not necessary.*