

**Iliuliuk Family and Health Services, Inc.**

PO Box 144

34 Lavelle Ct

Unalaska, AK 99685

(907)581-1202

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| PATIENT INFORMATION | | | | | |
| **NAME (Last, First, Middle)** | **SSN#** | **BIRTHDATE** | | **LANGUAGE** | **SEX** |
| **MAILING ADDRESS** | **SECONDARY/BILLING ADDRESS (If Applicable)** | | | | |
| **CITY, STATE, ZIP** | **CITY, STATE, ZIP** | | | | |
| **HOME PHONE** | **SECONDARY PHONE (If Applicable)** | | | | |
| **PRIMARY CARE PHYSICIAN** | **EMERGENCY CONTACT NAME** | | **CONTACT PHONE** | | |
| **PRIMARY EMPLOYER** | **SECONDARY EMPLOYER (If Applicable)** | | | | |
| **ADDRESS** | **ADDRESS** | | | | |
| **CITY, STATE, ZIP** | **CITY, STATE, ZIP** | | | | |
| **WORK PHONE** | **WORK PHONE** | | | | |

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| RESPONSIBLE PARTY INFORMATION (If Different than Above) | | | | |
| **NAME (Last, First, Middle)** | **SSN#** | **BIRTHDATE** | **LANGUAGE** | **SEX** |
| **MAILING ADDRESS** | **SECONDARY/BILLING ADDRESS (If Applicable)** | | | |
| **CITY, STATE, ZIP** | **CITY, STATE, ZIP** | | | |
| **HOME PHONE** | **SECONDARY PHONE (If Applicable)** | | | |
| **RELATIONSHIP TO PATIENT** |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PRIMARY INSURANCE | | | SECONDARY INSURANCE (If Applicable) | | |
| **NAME OF INSURANCE COMPANY** | | **POLICY#** | **NAME OF INSURANCE COMPANY** | | **POLICY#** |
| **NAME OF INSURED** | | **GROUP#** | **NAME OF INSURED** | | **GROUP#** |
| **ADDRESS OF INSURANCE COMPANY** | | **COPAY AMT** | **ADDRESS OF INSURANCE COMPANY** | | **COPAY AMT** |
| **CITY, STATE, ZIP** | | **DEDUCTIBLE** | **CITY, STATE, ZIP** | | **DEDUCTIBLE** |
| **RELATIONSHIP TO PATIENT** | **EFFECTIVE DATE** | **EXPIRATION DATE** | **RELATIONSHIP TO PATIENT** | **EFFECTIVE DATE** | **EXPIRATION DATE** |

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| UDS INFORMATION | | | |
| **WHERE DO YOU SLEEP?**  Private House/Apartment Public Housing  Transitional (Boat/Bunkhouse) Homeless/Street  Multiple Families in Housing Unit Shelter | | **RACE**  Alaska Native/Native American Asian  Native Hawaiian White  Pacific Islander (not Hawaiian) African American  More than 1 race Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **ARE YOU HISPANIC?**  Yes No | **ARE YOU A STUDENT?**  Yes No | **MARITAL STATUS**  Married Single Divorced Widowed Life Partner | |
| **DO YOU SMOKE?**  Yes No | **ARE YOU A VETERAN?**  Yes No | **Language You Grew Up Speaking:** | **Do You Understand English?**  Yes No |