

**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** |  |

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| 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 |