

DATE: \_\_\_\_\_

**CLIENT DEMOGRAPHIC INFORMATION: (Please print)**

Client Name (person receiving services): Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) Gender:  Male  Female  Other

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  No Texts Please Email: \_\_\_\_\_  No Emails Please

Race:  White  American Indian or Alaska Native  Asian  Black/African-American  
 Native Hawaiian/Pacific Islander  Other  Declined

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino  Declined

Parent/Guardian Name (if patient is under 18 years of age): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to client:  Mother  Father  Legal guardian  \*Other (specify): \_\_\_\_\_

\* must provide 3<sup>rd</sup> party authorization

**INSURANCE INFORMATION: Please CHECK the box that best describes client's insurance coverage**

- No Insurance
- Has health insurance that covers vaccines
- Employer/Agency Paid (Name): \_\_\_\_\_
- Healthy Montana Kids *Plus* (Medicaid)
- Healthy Montana Kids (CHIP)
- Self-Pay (has insurance but does not want to use it)
- Has health insurance that **Does Not** pay for vaccines (not including high deductible or co-pays)
- Insurance for **Adults** that covers only certain vaccines or is capped at a certain amount
- Insurance for **Adolescents** that covers or partially covers vaccines, but the co-pay or deductible is too expensive for family to pay

**If client is NOT the insurance subscriber, please complete the information below:**

Subscriber's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Subscriber's Address (if different than client's): \_\_\_\_\_

**Does client have a Secondary Insurance:**  Yes  No If yes, please give card to front desk person and complete items below:

Subscriber's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Subscriber's Address (if different than client's): \_\_\_\_\_