



## Yukon Flats Health Center Registration Form

<u>First Name:</u>  <u>Middle Name:</u>  <u>Last Name:</u>	<u>DOB:</u>  <u>SSN:</u>  <u>Legal Sex:</u>	<u>Current Community:</u>  <u>Phone Number:</u>
<u>Address:</u>  <u>City:</u>  <u>State:</u>  <u>Zip:</u>	<u>Marital Status:</u>  <u>Contact preference:</u>	<u>Emergency Contact Name &amp; Phone Number:</u>
<u>Race:</u>  <u>Tribal Affiliation:</u>  <u>Blood Quantum:</u>	<u>Employer Name:</u>	<u>Next of Kin Name &amp; Phone Number:</u>
<u>Primary Insurance Plan Name:</u>  <u>Member ID:</u>  <u>Group Number:</u>	<u>Family Size:</u>  <u>Income:</u>	<u>Guardian Name: (If minor)</u>

**\*Used only in Emergent & After hour situations when patient is not registered in Athena System\***

**\*Please make a copy of the patient's Insurance card & picture ID front and back\***