



1823 McCall Drive, Anniston, AL 36207

Tel: (256) 419-2041

PATIENT REGISTRATION FORM

Today's Date ____/____/____
Mo Day Year

Patient Number _____

Legal First Name _____ MI. _____ Legal Last Name _____

Address _____ Apt# _____ Zip Code _____ City _____ State _____

Home Phone () _____ - _____ Email Address _____ Secondary Phone () _____ - _____

Contact Name _____ Emergency Phone (____) _____ - _____

If we need to contact you, can we identify ourselves as the Salam Free Clinic? Yes No

Date of Birth ____/____/____ Social Security # ____-____-____ Gender at birth Male Female

Primary Language _____ Do you need an interpreter? Yes No

Marital Status: Single Married Divorced Legally Separated Widow Unknown

Occupation: Employed Unemployed Self-Employed Student Retired Military Others

If employed, please write name, address and telephone: _____

Are you a U.S. veteran? Yes No

Are you disabled? Yes No

Race: American Indian or Alaska Native Asian Black or African American Declined to State

Native Hawaiian or Other Pacific Islander White More than one Race Unknown, Not Reported

Are you Hispanic / Latino? Yes No

Do you attend school, college or university? Yes No

If yes, write the name below

Are you homeless? Yes No If yes, where did you stay / sleep last night? _____

(Homeless is defined as any of the living situations described below):

Shelter Street or Woods Friend's or Relative's Home Transitional Housing Treatment Facility

Car, Boat or Other Vehicle Hotel or Motel (not provided by an agency) Hospital Jail or Prison

Foster Care Permanent Housing for people who have been homeless Unknown

Salam Free Clinic, is a free clinic for the uninsured patients. I certify that I do not have any medical, dental or vision insurance.

Name _____ Signature _____ Date _____