



All information provided shall remain confidential.

Date: _____

Client ID: _____ [] OP [] HH/HC

Client Name: _____
Last First M.I. Maiden Name

Mailing Address: _____ City: _____ Zip Code: _____

Residence Address: _____ City: _____ Zip Code: _____

Lana`i Homestead Residence: ___(Y) ___(N)

Phone #: (H) _____ (W) _____ Mobile _____

E-mail Address: _____ [] NA DOB: ___/___/___ Gender: [F] [M]

Emergency Contact: _____ Emergency Contact #: _____

Responsible Party Information (if different from client):

Responsible Party Name: Last: _____ First: _____ M.I. _____

Relationship to Client: [] Self [] Spouse [] Parent [] Guardian

Mailing Address: _____ City: _____ Zip Code: _____

DOB: ___/___/___ Gender: [F] [M]

Insurance information [] Medical [] Dental [] Drug

Please provide copy of insurance & identification (ID) card(s)

- HMSA Ohana
- Aloha Care Medicare
- Kaiser None
- Other: _____

Primary Care Provider (PCP)

- Straub Lana`i
- LCHC
- Other: _____

Past Medical History: (Check all that apply)

- Allergies High Cholesterol GYN Disorders Memory Loss
- Heart Disease High Blood Pressure Kidney Disease Diabetes
- Stroke Lung Disease Type: _____ Overweight (BMI over 25%)
- Other: _____ Cancer Location: _____

Ethnicity: (Check all that apply)

- Pure Hawaiian Japanese Tongan American Indian
- Part Hawaiian ___% Filipino Portuguese African American
- Caucasian Korean Hispanic Native Alaskan
- Chinese Samoan Other Asian Kosraean or Marshallese
- Other: _____



Employment:

- Full time
- Part-time
- Homemaker
- Retired
- Student
- Unemployed

Marital Status:

- Single w/o partner
- Single w/ partner
- Married
- Divorced
- Separated
- Widowed

Living Arrangements:

- Homeless
- Rental
- Own Home Dwelling
- Doubling Up (live w/ extended family)
- Transitional
- How many people live w/ you? _____

Primary Language:

- English
- Chinese
- Tagalog
- Kosraean or Marshallese
- Hawaiian
- Japanese
- Ilocano
- Other _____

Secondary Language Frequently Used: *(Please Specify)* _____

Tobacco Use:

- Cigarette Smoker
- Vapor/Vape-smoker
- Non-smoker
- Tobacco User (Other than cigarettes)

What was the highest grade of education you completed? (Check only one)

- K-8th
- 8th – 12th
- High School Graduate or GED
- Some College
- Technical School
- College Graduate – Degree: _____
- Professional Degree: _____

Are you currently serving in the military or coast guard? Yes No

Are you a Veteran? Yes No **Do you receive Veteran’s benefits?** Yes No

Client Signature

Date

Parent or Guardian Printed Name *(if responsible party other than client)*

Relationship to client

Parent or Guardian Signature *(if responsible party other than client)*

Date