

**The Equality Clinic**  
 987 Saint Sebastian Way  
 GRU Health Sciences Building, EC-1500  
 Augusta, GA 30912

**New Patient Information**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

We'd like to welcome you as a new patient. Please take the time to fill out this form as accurately as possible so we can most appropriately address your health needs.

The confidentiality of your health information is protected in accordance with federal protections for the privacy of health information under the Health Insurance Portability and Accountability Act (HIPAA).

Legal Name:	
Name:	
Pronoun:	
Address:	
City:	State: Zip Code:
Home Phone:	Can we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone:	Can we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Phone:	Can we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	Can we send you an email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact:	
Phone Number:	
Relationship:	
In case of an emergency, is there anything about you that you would not like us to share with this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In case of an emergency, can we discuss your health with this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth: ____ / ____ / ____	
What term best describes your gender identity? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender: male to female <input type="checkbox"/> Transgender: female to male <input type="checkbox"/> Intersex <input type="checkbox"/> Other: _____	What sex were you assigned at birth? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex

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What is your current relationship status?

Single  Married  Domestic Partner/Civil Union  Partnered  Involved with multiple partners  Separated from spouse/partner  Divorced/separated from spouse/partner  Other (please specify): \_\_\_\_\_

Prefer not to answer

What is your race:

- Black or African American
- Asian
- Native Hawaiian/Pacific Islander
- Alaska Native
- White
- Native American/First Nation
- Hispanic or Latino
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

If you are you Hispanic or Latino, what ethnic group do you consider yourself?

- Central American
- Cuban
- Dominican
- Mexican
- Puerto Rican
- South American
- Other (please specify): \_\_\_\_\_
- Prefer not to answer
- I am not Hispanic or Latino

Do you have any chronic health problems?  Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications or vitamins/supplements?  Yes  No

If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Augusta, GA

- What is your reason for visiting us today?
- General physical visit (annual check-up or wellness exam)
  - Specific illness(es) (chronic or long-term)
  - Illness or symptoms you have right now
  - Mental health concerns (stress, anxiety, sadness)
  - Sexual health
  - Gender health
  - Other (please specify):

Medicines to medication

Which pharmacy do you use?



# EQUALITY CLINIC

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