

**Registration Information**

**Section 1: Person Served Information**

**Name** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

(Suffix) \_\_\_\_\_ (Preferred Name) \_\_\_\_\_ **Gender** \_\_\_\_\_

**Preferred Pronouns** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Home Address** \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (County) \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_ **Preferred Phone** \_\_\_\_\_

**Other Phone** \_\_\_\_\_ **Email** \_\_\_\_\_ **Preferred Contact Method** \_\_\_\_\_

**Does the Person Served have a Title XIX Waiver?** Y N

**Race** \_\_\_\_\_ **Ethnicity**  Not of Hispanic Origin  Puerto Rican  Mexican  Cuban

Other Specific Hispanic  Hispanic- Specific origin not collected

**What is your marital status?**  Never Married  Married  Separated  Divorced  Widowed

**How many years of schooling did you complete?** \_\_\_\_\_ Are you currently in school Y N

If yes, what type of school? \_\_\_\_\_

**Who referred you to Prestera Center?** \_\_\_\_\_

**In case of emergency, who would you like us to contact?** \_\_\_\_\_

What is their phone number? \_\_\_\_\_

**How would you like to receive appointment reminders?**  Email  Text  Email and Text  None

**Would you like online access to your information through the Patient Portal?** Y N

**(Continued on back)**

**Section 2: Legal Guardian**

Does Person Served have a Legal Guardian (s)? YN If yes, please complete the following:

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Address \_\_\_\_\_ (City)  
\_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Relationship to Person Served \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Address \_\_\_\_\_ (City)  
\_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Relationship to Person Served \_\_\_\_\_

**Section 3: Financial Information**

How many people are considered part of your household? \_\_\_\_\_

What is your household's primary Source of Income? Wages Public Assistance

Disability Other My household currently has no income

What is your household total monthly income? \_\_\_\_\_

**Person Served Employment Status**

Competitive Employment- F/T  Competitive Employment- P/T  In Employment Training  Sheltered Work

Supported Work  Volunteer  Not Employed but looking  Not Employed, not looking

Not In Labor Force (please select a reason below)

- Disabled  Homemaker  Inmate of Institution
- Physically Impaired  Retired  Student
- Other

What type of insurance do you have?  Medicare  WV Medicaid  Title 19 Waiver  Aetna  BCBS  Cigna

4most  Humana  Magellan  PEIA  Tri-Care  United Healthcare  WV Chip  Employee Assistance Program  Brickstreet Worker's Comp  None  Other \_\_\_\_\_

Do you have a secondary insurance?  Medicare  WV Medicaid  Aetna  BCBS  Cigna  4most  Humana

Magellan  PEIA  Tri-Care  United Healthcare  WV Chip  Employee Assistance Program

Brickstreet Worker's Comp  None  Other \_\_\_\_\_

Please list any additional insurances you may have: \_\_\_\_\_