

Traverse Health Clinic  
CONFIDENTIAL INFORMATION

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**What COUNTY do you live in?**

- Antrim
- Benzie
- Grand Traverse
- Kalkaska
- Leelanau
- Wexford
- Other

**Race**

- American Indian or Alaska Native
- Black / African American
- Asian
- White
- Other Race
- Other Pacific Islander
- Unreported

**Ethnicity**

- Hispanic or Latin American
- Not Hispanic or Latin American
- Unreported

**Language**

- English
- Indian (includes Hindi and Tamil)
- Russian                       Spanish
- Other

**Sexual Identity**

- Straight (not Lesbian or Gay)
- Bi-sexual
- Lesbian or Gay
- Something else
- I don't know
- Choose not to disclose

**Gender Identity**

- Male
- Female
- Transgender Male to Female
- Transgender Female to Male
- Other
- Choose not to disclose

**YES or NO Questions**

- |  |     |    |
|--|-----|----|
| 1.) Are you a U.S. Military Service Veteran? | Yes | No |
| 2.) Are you homeless?                        | Yes | No |
| 3.) Are you a migrant?                       | Yes | No |
| 4.) Are you a Seasonal Agricultural Worker?  | Yes | No |

5.) How many people are in your TAX FILING household? \_\_\_\_\_

6.) What is the estimate of your MONTHLY household income? \$ \_\_\_\_\_

7.) What pharmacy do you currently use? \_\_\_\_\_

**Location:** \_\_\_\_\_

8.) Please provide us with your email address for our Web Portal:

\_\_\_\_\_