Hopewell Health Centers, Inc.
ADULT NEW PATIENT PROFILE
PLEASE PRINT

Date: _____

Name: _____ **Sex:** Female/Male/Other **D.O.B.** _____ ____

Phone: ( ) _ _ _ - _ _ _ _ **Occupation:** _____
[*Optional*] **Race**: [ ]White [ ] Black or African American [ ] Native American/Alaskan Native [ ] Hispanic [ ] Asian
[ ] Native Hawaiian or other Pacific Islander, Other:_____
Racial/Ethnic Background: ☐Hispanic or Latin ☐Non-Hispanic or Latin ☐Other:_____
First Language: [ ] English [ ]Spanish, Other: _____

Call in case of emergency_____ at _____☐ Relationship:_____

By whom were you referred? (Please specify)_____

Marital Status: ☐Divorced ☐Married ☐ Living as married ☐ Legally Separated ☐Single ☐ Widowed
Do you currently have a legal guardian? ☐No ☐Yes: If yes, name, address and phone:
_____

Do you currently have a payee? ☐No ☐Yes: If yes, name, address and phone:
_____

Do you have a current Advance Directive? ☐No ☐Yes ☐Don't know what this is.
If you do have an Advance Directive, please give your service provider a copy.
If you would like more information about Advance Directives, please ask your service provider.

What other agencies, service offices or health providers are currently working with you?
☐Department of Job and Family Services
☐Parole/Probation Officer = _____
☐Children Services: County and caseworker:_____
If involved with Children Services, do you/your family have a case plan? ☐Yes ☐No
☐Legal Service/Lawyers/Courts:_____
☐Medical Service Providers:_____
☐Home Health_____
☐Other_____

***Current* Medications (Prescription, Over-the-Counter, Vitamins, Herbal)**
Please fill this out to the best of your ability. All information below must be included.
☐No medications ☐Additional page of medications attached

Prescription Medications						
Medications	**Dose & Frequency**	**Prescribed by**	**How long Taken?**	**Reason for Use**	**Helpful?**	**Take Regularly?**
					☐Y ☐? ☐N	☐Y ☐N
					☐Y ☐? ☐N	☐Y ☐N
					☐Y ☐? ☐N	☐Y ☐N
					☐Y ☐? ☐N	☐Y ☐N
					☐Y ☐? ☐N	☐Y ☐N
					☐Y ☐? ☐N	☐Y ☐N
					☐Y ☐? ☐N	☐Y ☐N
					☐Y ☐? ☐N	☐Y ☐N
					☐Y ☐? ☐N	☐Y ☐N

Describe the problem for which you are seeking treatment:_____
_____
_____
_____
_____