

The Marie Blanchard Friendship Clinic
Patient Information

Name: (First, Last)		DOB:	Today's Date:	
Address:		City:	State:	Zip Code:
Contact Phone # ()		Email:		
Marital Status: Married Single Widowed Divorced Separated Other			Significant Other Name:	
Maiden/Other Names: (1)		(2)	(3)	
Emergency Contact 1:		Relation:	Phone # ()	
Emergency Contact 2:		Relation:	Phone # ()	
Other Providers:				
Name:	Specialty:	Still Seeing?	Yes	No
Name:	Specialty:	Still Seeing?	Yes	No
Name:	Specialty:	Still Seeing?	Yes	No
Name:	Specialty:	Still Seeing?	Yes	No
Name:	Specialty:	Still Seeing?	Yes	No
IF PATIENT IS UNDER 18 YEARS OF AGE:				
Father's Name:				
Mother's Name:				
Address (if different from above)				
Contact Phone #				
How did you learn about The Marie Blanchard Friendship Clinic?				
Family/Friend Idaho 211 Hospital Clinic Sign Other agency (please specify) _____				
Other (please specify) _____				
Preferred Pharmacy Name:		Location:	Phone #	

Patient Name: _____ **DOB:** _____ **MR#** _____

HOUSEHOLD FINANCIAL INFORMATION

Are you employed: Yes _____ No: _____

Occupation & Employer: _____

Address: _____

Hourly wage: _____ Monthly Pay: _____

Are you receiving unemployment payments: Yes _____ No _____

How much? _____ For how long? _____

Household Size: Adults: _____ Children under 18 years of age: _____

Does Patient Have	YES	NO
• Medical Insurance		
• Medicaid/SHIP		
• Medicare Part B		
• Veteran's Benefits/Assistance		
• Other (please specify):		
Name of Insurance Company (if applicable):		

Income	
Does Patient Receive:	Monthly Amount
• Alimony	\$
• Child Support	\$
• Disability	\$
• Pension	\$
• Social Security	\$
• WIC	\$
• Food Stamps	\$
• Supplemental Housing	\$
• Transportation Assistance	\$
• Employment Wages	\$
Total Income per Month	
Total Income per Year	

Expenses	
Monthly Financial Necessities	Monthly Amount
• Food	\$
• Rent/Mortgage	\$
• Telephone	\$
• Utilities	\$
• Car/Transportation	\$
• Car Insurance	\$
• Child Care	\$
• Child Support Payments	\$
• Alimony Payments	\$
• Credit Cards	\$
• Other _____	\$
Total Expenses per Month	
Total Expenses per Year	