

Lake County Health Department Client Registration Form

Demographic Information			
Last Name:	First Name:	Middle:	Suffix:
Date of Birth:	SSN:	Gender:	Marital Status:
Language:	Language if not listed:		
Speaks and Understands English if English is not the language selected: Yes No			
Race:	Ethnicity:		
Street Address:	City:	Zip Code:	
Mailing Address:	City:	Zip Code:	
Home Phone Number:	Cell Phone Number:	Other Phone Number:	
Insurance Information			
Do you have insurance? Yes No			
Type of Insurance (bring your insurance card with you):			
Medicaid			
Medicaid HMO			
Medicare			
Private Insurance			
Private Insurance Company:			
Guardian/Emergency Contact (EC) Information			
Mother: Last Name:	First Name:	Date of Birth:	Phone Number:
Father: Last Name:	First Name:	Date of Birth:	Phone Number:
EC: Last Name:	First Name:	Date of Birth:	Phone Number: