



Tule River Indian Health Center, Inc.

380 N. Reservation Rd., Porterville, CA 93257
Phone: (559) 784-2316, Fax: (559) 781-6514

PATIENT INFORMATION							
NAME (Last, First Middle)				SSN#	BIRTH DATE	AGE	SEX
LOCAL ADDRESS				SECONDARY/BILLING ADDRESS (If Applicable)			ETHNICITY
CITY, STATE ZIP	HOME PHONE	VETERAN	SEC HOME PHONE	RACE	SEXUAL ORIENTATION _Straight/Hetero _Gay _Lesbian _Bi/Pan-Sexual _Other	PREFERRED PRONOUN _She/Her _He/Him _They/Them	GENDER IDENTITY _Male _Female _Transgender _Non-Binary _Other
E-MAIL ADDRESS							
PRIMARY CARE PHYSICIAN		PRIMARY DENTAL PROVIDER		PATIENT LANGUAGE		PREFERRED RELIGION	
PRIMARY EMPLOYER							
ADDRESS							
CITY, STATE, ZIP				WORK PHONE			
RESPONSIBLE PARTY INFORMATION (If Different Than Above)							
NAME (Last, First Middle)				SSN#	BIRTH DATE	LANGUAGE	SEX
HOME PHONE				SECONDARY HOME PHONE			
RELATIONSHIP TO PATIENT				ADDRESS			
PRIMARY INSURANCE							
NAME OF THE INSURANCE COMPANY				POLICY#			
NAME OF INSURED				GROUP#			
ADDRESS OF INSURANCE COMPANY				CO-PAY AMOUNT			
CITY, STATE ZIP				DEDUCTIBLE			
RELATIONSHIP TO PATIENT				EFFECTIVE DATE		EXPIRATION DATE	
SECONDARY INSURANCE							
NAME OF THE INSURANCE COMPANY				POLICY#			
NAME OF INSURED		SSN#	BIRTH DATE	GROUP#			
RELATIONSHIP TO PATIENT				EFFECTIVE DATE		EXPIRATION DATE	
EMERGENCY CONTACT							
NAME				RELATIONSHIP		PHONE	
NAME				RELATIONSHIP		PHONE	

Please be sure your emergency contact information is complete and up to date.

SIGNATURE OF PATIENT/GUARDIAN

DATE