Nooksack Health Clinic Patient Information

Last Name:	First Name:	Middle Name:	Marital Status: (circle one) Sin / Mar / Div. / Sep / Wid	Sex: M F Age:
Other Names used:	Student:	School Name & City	Date of Birth:	Home Phone#
Street Address:		If you recently Moved Date Moved In:		Cell Phone # Social Security #:
Mailing Address if different:		City:	State:	Zip Code:
Tribe Applicant is enrolled in:	Enrollment number:	Tribal Blood Quantum: ____other____1/4____1/2____3/4____full____		
Are you a Veteran? ☐ Yes ☐ No	What Branch:	Date of entry:	Date of Discharge	
What is your preferred method to receive reminders : ☐ Mail ☐ Phone ☐ Text Only ☐ Email		Email Address		
Occupation:	Employer:	Address:	☐ Full-time ☐ Part-time ☐ Unemployed ☐ Self-Employed ☐ Retired Employer Phone#:	
EMERGENCY CONTACT:	Address:	Phone #:	Relationship:	
Next of Kin:	Address:	Phone #:	Relationship:	
Other Information – Legal ☐ Tribal Adoption ☐ Foster parent ☐ Guardianship ☐ Court Order ☐ Durable Power of Attorney ☐ Kinship Care Giver				

MEDICAL INSURANCE INFORMATION

(PLEASE GIVE YOUR INSURANCE CARD TO PATIENT REGISTRATION)

Medical Insurance	Primary	Secondary
Insurance Company Name		
Subscriber Name		
ID #		
Group #		
Subscriber SS #		
Subscriber DOB		
Subscriber Employer		

FAMILY TREE OF INDIAN ANCESTRY TO PROVE TRIBAL ELIGIBILITY FOR HEALTH SEVICES

MOTHER'S MAIDEN NAME _____ DOB _____
TRIBE (S) _____

MOTHER'S MOTHER _____ TRIBE _____ DOB _____

MOTHER'S FATHER _____ TRIBE _____ DOB _____

FATHER'S NAME _____ DOB _____
TRIBE (S) _____

FATHER'S MOTHER _____ TRIBE _____ DOB _____

FATHER'S FATHER _____ TRIBE _____ DOB _____

Are you a descendent of Nooksack? ____ Yes ____ No (You must provide proof of descendency)

If you are Nooksack you must have proof of address and tribal enrollment or descendancy form from enrollment for your application to be processed.

If you're enrolled in another tribe you must have all required documents listed on letter we gave you. Your application will not be processed.

PATIENTS SIGNATURE: _____ **DATE**_____ **PARENT/GUARDIAN SIGNATURE**_____ **DATE**_____