



Riverwalk Center
15 South Main Street
Jamestown, NY 14701
P (716) 488-2322
Fax (716) 488-2574

Mayville Professional Building
99 East Chautauqua Street
Mayville, NY 14757
P (716) 224-4099
Fax (716) 224-4999

Park Avenue & Third
51 E. 3rd Street
Dunkirk, NY 14048
P 363-2244
Fax (716) 363-2245

PATIENT INFORMATION

NAME (Last, First, Middle Initial) _____ BIRTHDATE _____ SSN# _____
GENDER IDENTITY: ☐ Female ☐ Male ☐ Transgender Male ☐ Transgender Female ☐ Choose not to disclose
ADDRESS _____ CITY _____ STATE _____ ZIP _____
MARITAL STATUS: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
ARE YOU A STUDENT? ☐ Yes ☐ No EMAIL _____ ☐ NO EMAIL
HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT

NAME _____ TEL # _____
RELATIONSHIP _____

PRIMARY EMPLOYER	OCCUPATION
EMPLOYER NAME _____	None <input type="checkbox"/> Agriculture <input type="checkbox"/> Hospitality <input type="checkbox"/>
ADDRESS _____	Business <input type="checkbox"/> Human Services <input type="checkbox"/>
CITY _____ STATE _____ ZIP _____	Custodial/Maintenance <input type="checkbox"/> Computer <input type="checkbox"/>
WORK # _____	Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Religion <input type="checkbox"/>
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	Government <input type="checkbox"/> Transportation <input type="checkbox"/> Healthcare <input type="checkbox"/>
	Other <input type="checkbox"/>

PRIMARY INSURANCE (Please present insurance card(s) at time of visit)

INSURANCE NAME _____ POLICY # _____ GROUP # _____
POLICY HOLDER _____ RELATIONSHIP TO PATIENT _____
SSN# _____ BIRTHDATE _____ GENDER _____
INSURANCE PHONE _____ EFFECTIVE DATE _____ EMPLOYER _____

SECONDARY INSURANCE (if applicable)

INSURANCE NAME _____ POLICY # _____ GROUP # _____
POLICY HOLDER _____ RELATIONSHIP TO PATIENT _____
SSN# _____ BIRTHDATE _____ GENDER _____



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PATIENT NAME: _____ DOB: _____

ADDITIONAL PATIENT INFORMATION

RACE (Defined by the US Office of Management and Budget and the US Census Bureau)

☐ African American or Black ☐ Native American or Alaska Native ☐ Asian ☐ Caucasian/White
☐ Multiracial (two or more races) ☐ Native Hawaiian/Other Pacific Islander

ETHNICITY (Defined by US Office of Management/Budget/US Census Bureau): ☐ Non-Hispanic ☐ Hispanic/Latino(a)

SEXUAL ORIENTATION: ☐ Straight ☐ Bisexual ☐ Lesbian/Gay ☐ Choose not to disclose ☐ Other

PREFERRED LANGUAGE: ☐ English ☐ Spanish ☐ Other (Please list: _____)

ARE YOU A VETERAN? ☐ YES ☐ NO

ARE YOU A MIGRANT/SEASONAL WORKER? ☐ YES ☐ NO

HOW DID YOU HEAR ABOUT US? (Please check box and list more detail if possible) ☐ Website ☐ Family/Friends
☐ Community Org/Provider ☐ Employer ☐ School ☐ Radio ☐ Event ☐ Newspaper ☐ Billboard
Details: _____

HOUSING Living Arrangement: ☐ Rent/Mortgage ☐ Homeless ☐ Transitional ☐ Homeless Shelter ☐ Public Housing (Sxn 8)

HOUSEHOLD SIZE AND INCOME (MUST COMPLETE. Circle the number of members in household. Then circle the total income range.)

Family Size	INCOME RANGE											
	From	To	From	To	From	To	From	To	From	To	From	To
1	\$0	\$13,590	\$13,591	\$16,988	\$16,989	\$20,385	\$20,386	\$23,783	\$23,784	\$27,180	\$27,181	and over
2	\$0	\$18,310	\$18,311	\$22,888	\$22,889	\$27,465	\$27,466	\$32,043	\$32,044	\$36,620	\$36,621	and over
3	\$0	\$23,030	\$23,031	\$28,788	\$28,789	\$34,545	\$34,546	\$40,303	\$40,304	\$46,060	\$46,061	and over
4	\$0	\$27,750	\$27,751	\$34,688	\$34,689	\$41,625	\$41,626	\$48,563	\$48,564	\$55,500	\$55,501	and over
5	\$0	\$32,470	\$32,471	\$40,588	\$40,589	\$48,705	\$48,706	\$56,823	\$56,824	\$64,940	\$64,941	and over
6	\$0	\$37,190	\$37,191	\$46,488	\$46,489	\$55,785	\$55,786	\$65,083	\$65,084	\$74,380	\$74,381	and over
7	\$0	\$41,910	\$41,911	\$52,388	\$52,389	\$62,865	\$62,866	\$73,343	\$73,344	\$83,820	\$83,821	and over
8	\$0	\$46,630	\$46,631	\$58,288	\$58,289	\$69,945	\$69,946	\$81,603	\$81,604	\$93,260	\$93,261	and over
9	\$0	\$51,350	\$51,351	\$64,188	\$64,189	\$77,025	\$77,026	\$89,863	\$89,864	\$102,700	\$102,701	and over
10	\$0	\$56,070	\$56,071	\$70,088	\$70,089	\$84,105	\$84,106	\$98,123	\$98,124	\$112,140	\$112,141	and over
Each Additional \$4,720												

WORKER'S COMPENSATION / NO-FAULT INJURY

Is today's visit related to a Worker's Compensation injury? ☐ NO ☐ YES - Please request and complete our intake form.
If so, please provide verification of your employer's consent for you to receive treatment.

SIGNATURE

I request that payment of Medicare/Insurance benefits be made to me or on my behalf to The Chautauqua Center for any services furnished to me by that provider. I authorize any holder of any information about to release to the Health Care Financing Administration, its agents, or other insurances any information needed to determine these benefits payable for related services.

SIGNATURE OF PATIENT/GUARDIAN

DATE