



NEW PATIENT INTAKE FORM

Denver Health asks these questions so we can provide the best care to every patient. Gathering this information is a critical step to eliminate health disparities and inequities among the patients we serve

Name:	Legal Name:
Pronouns:	Date of Birth:
Address:	City, State, Zip:
Phone:	Email:
SSN:	
Gender Identity:	Sex Assigned at Birth:
Sexual Orientation:	Legal Sex:
Birth Country/Nationality:	Race/Ethnicity:
Preferred language:	Do you require an interpreter?
Marital Status:	Are you a veteran?
Current Employment Status:	Do you have a disability?
Are you currently experiencing homelessness?	

EMERGENCY CONTACT:

Name:
Phone:
Relationship:

ALL ACTIVE INSURANCE PLANS: *(Please include a picture of your insurance card(s) and photo ID)*

Name of insurance company/provider:
Name of subscriber/policy holder (as appears on card):
Subscriber/policy holder date of birth:
Subscriber ID# (as appears on card):
Group # (if applicable):

Reason for Visit:

How did you hear about Denver Health LGBTQ Health Services?

Please send completed form and picture of your insurance card and photo ID to:

LGBTadmin@dhha.org