



Ke Ola Mamo Registration Form (INITIAL)

Date: _____

Client Name: Last: _____ First: _____ MI: _____

Previous Name: Last: _____ First: _____ MI: _____

Mailing Address: _____ City: _____ Zip: _____

Resident Address: _____ City: _____ Zip: _____

Contact Phone: _____ Email: _____

Date of Birth: _____ Gender at Birth: Male Female

Gender Identity: Male Female TG-Male (F to M) TG-Female (M to F) Other Declined

Sexual Orientation: Heterosexual Lesbian/Gay Bisexual Other Unknown Declined

Ethnicity: Hispanic/Latino Not of Hispanic/Latino

Race: Native Hawaiian White Pacific Islander Asian Black/African American Unreported/Declined

American Indian Tribe: _____ Alaska Native Tribe: _____

Primary Language: English Hawaiian Other (please list): _____

Marital Status: Single Married Divorced Widowed Legally Separated Partner

Family Size: _____ Family Income: _____

Employed: Full-Time Part-Time No Veteran Status: Yes No If Yes, Active Not Active

Living Arrangement: Own Home Rent Home Homeless Transitional Living with Family Doubling Up

Medical Insurance Type: Medicare Medicaid CHIP Private None Dual **Type:** _____

Insurance Plan: _____ Policy Number/optional: _____

Dental Insurance Type: Medicare Medicaid Private None Dual **Type:** _____

Insurance Plan: _____ Policy Number/optional: _____

Referred By: Self/Walk-In Family Friend Doctor Agency: _____ Other: _____ N/A

Emergency Contact Name: _____ Phone Number: _____

Who May We Contact About Your Health? _____ Relationship: _____ Contact #: _____

Are you fully vaccinated for COVID-19? Yes No

Health Care Utilization: *What types of health care do you use when you are sick/ill?*

Doctor Medical Clinic Lomilomi Alternative Therapy None Other: _____

By initialing below, I have reviewed the following:

_____ I have reviewed Ke Ola Mamo's Notice of Privacy Statement and understand I can view it online.

_____ I have reviewed Ke Ola Mamo's Patient Rights and Responsibilities and understand I can view it online.

By signing below, I acknowledge the information provided is accurate and complete to the best of my knowledge.

Print (Client/Guardian)

Signature (Client/Guardian)

Date

REGISTERED BY: _____

Print (KOM Employee)

Signature (KOM Employee)

Date