



Medical Center: 1831 North Fayetteville Street • Asheboro, NC 27203
Phone: 336-672-1300 / Fax: 336-672-3044

Dental Center: 308 Brewer Street • Asheboro, NC 27203
Phone: 336-610-7000 / Fax: 336-610-7003

DEMOGRAPHICS

Due to being a Federally Qualified Health Center, we are required to collect specific information to help serve our community better. Please answer the following questions completely.

Have you been seen since January 1, 2017 at MERCER Family Healthcare Medical Center? Yes No

Are you Homeless? Yes No

Does someone else provide you with shelter? Yes No

Do you live in public housing? Yes No

ETHNICITY: (Check if applicable)

Latino Hispanic Refuse to Answer

RACE:

Caucasian/White African American/Black Native American/Alaskan

Asian Native Hawaiian Other Pacific Islander

More Than One Race Refuse To Answer

Do you require a translator? Yes No

If you answered yes, which language? _____

If you checked "Yes", you will be responsible for bringing an interpreter with you to each appointment. The interpreter MUST be sixteen (16) years of age or older with an I.D. Only the patient and interpreter are allowed in the operatories.

Are you a veteran? Yes No

Are you a migrant farm worker? Yes No

Are you a seasonal farm worker? Yes No

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing false information can be dangerous to my health. It is my responsibility to inform the dental office of any changes in my medical status.

Patient Signature: _____

Date: _____

Guarantor Signature: _____

Date: _____

