



Navajo Health Foundation  
**SAGE MEMORIAL HOSPITAL**

PO Box 457 Ganado, Arizona 86505 Phone: 928-755-4500

## 2024 Mass Vaccination Registration Form (COMMUNITY HEALTH CLINIC)

Date: \_\_\_\_\_

Community Name: \_\_\_\_\_

SMH# \_\_\_\_\_ Account # \_\_\_\_\_ New Patient: Yes No

### BIOGRAPHICAL DATABASE

Patient Name:	DOB:
Other Names:	SS#:
Mailing Address:	Census#:
Location of Home:	Birth Sex: M F
Phone#:	Circle One: Home Mobile Work Message

Parent/Legal Guardian Name (For a Minor Child, 17 years old and younger)	
First Name:	Last Name:
Relationship to Minor:	
Phone#:	Circle One: Home Mobile Work Message

Emergency Contact Name:	Phone#
Relationship to Patient:	
Are you employed: Yes No	
Employee Name:	Employer (Company Name):
Insurance:	Policy#

**REVERSE SIDE – SIGN THE GENERAL CONSENT FORM**

REG CLERK INITIALS: \_\_\_\_\_