

SAMPLE COUNTY HEALTH DEPARTMENT
ABBREVIATED CHECKLIST FOR REGISTRATION & ELIGIBILITY

PLACE PATIENT LABEL HERE

Task	Completed by:
Demographic information to include alias names	
Ask patient to verify phone, street address, PO box, race & ethnicity (i.e. What is your phone number? What is your address?)	
Ask for identification, copy/scan into EHR and document the date and your initials (may not require photo ID for STI, CD, IMM or FP)	
Ask for Medicaid and/or Insurance cards, copy/scan into EHR.	
Ask about confidentiality; if client chooses to be “confidential for today’s visit” then follow agency policy to document in EHR.	
Collect household and income information.	
Obtain and document proof of income per agency policy (verbal attestation for FP acceptable)	
Copy/scan income information into EHR and document date received.	
If there is no proof of income given, then complete income/financial statement and advise how many days they must provide proof or will be charged 100% (exception for FP)	
Do payment plan for all clients with a balance due per agency policy.	
Have client sign all appropriate consents.	
Obtain any other signatures that may be required for the visit.	