

Clinic Appointments
(Please fill out and take to a Window)

Reason for Appointment _____ Appointment Time _____
 Last Name _____
 First Name _____
 Date of Birth _____
 Sex _____ Race _____ Are you Hispanic? YES or NO
 Address _____ City _____
 State _____ Zip _____
 Mailing Address (if different from street address) _____
 Home Phone _____ Cell phone _____
 Message phone _____
 Social Security Number: _____
 Have you ever been here under any other name? _____
 If you are under 18 years old, do your parents know you are receiving services here?
 YES of NO
 Do you have Medicaid? YES or NO

***If you are going to use our sliding fee scale for services and/or need to**
 Update your financial please fill out the following:*

Financial Income Verification Worksheet

Please check one of the following:

Never married: _____
 Married: _____
 Separated: _____
 Divorced: _____
 Widowed: _____

Place of Employment: _____ Unemployed: YES or NO

****If you have more than one job please list 2nd place of employment:**

Partner/Spouse place of employment: _____ Unemployed: YES or NO

****If partner/ spouse have more than one job, please list 2nd place of employment:**

(Please circle) Do you get paid weekly, bi-weekly or monthly?

(Please circle) Does your partner/ spouse get paid weekly, bi-weekly or monthly?

How much is your Gross income? (Before taxes are taken out) _____

How much is your Partner/Spouse gross income (Before taxes are taken out) _____

TIPS for the last 4 weeks _____

Gross SSI: _____ Gross SSD: _____

Unemployment Compensation: _____

Child support received: _____

Number of people working outside the home _____

Number of people in the home _____

Family Members	Relationship	Date of Birth	M/F	Race

(If more room is needed, please write on back of paper)