**Office Use Only**

**Today’s Date**:**\_\_\_**/**\_\_\_\_**/**\_\_\_\_** MSS 1st visit:

**Client Name**: First:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Last:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

MiddleName:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Suffix: Junior, Senior, I, II, III, IV

**Preferred Name or** ”**Nickname**”**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Names/Aliases:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Social Security Number (optional): \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

**Sex:** **□** Female **□** Male **□** Other**\_\_\_\_\_\_\_\_\_\_** **Date of Birth** (**mm/dd/yy**):**\_\_\_**/**\_\_\_**/**\_\_\_**

**Address**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip Code**:**\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**May we call you at this number? □ Yes □ No

**Mobile/Cell Phone**:**\_\_\_\_\_\_\_\_\_\_\_\_\_**May we call you at this number? □ Yes □ No

**Email Address** (Optional)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Language**: Do you need an interpreter? □ Yes □ No If Yes, what is your primary

language?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Housing Status**

|  |
| --- |
| Have you been in safe and stable housing for the past year? □ Yes □ No  If “No”: □ Transitional housing □ Living with others □ Shelter □ Street/Camp/Bridge  □ Other, describe:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Do you live in a public housing complex?: □ Yes □ No □ Not sure or Decline to answer |

**Migrant or Seasonal worker?** □ No □ Migrant Worker □ Seasonal Worker

**Veteran Status:** Have you ever served in the US Military? □ Yes □ No

**Ethnicity**: □ Hispanic/Latino □ Non-Hispanic/Latino □ Decline to answer

**Race** Please check all that apply: □ Asian □ Alaskan Native □ American Indian □ Black or African American □ Pacific Islander □ Hawaiian Native □ White □ Decline to answer

**Primary Care Provider:** Do you have a current Primary Care Provider: □ Yes □ No

If yes, who is your provider?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Citizenship Information**

ALIEN ID: **\_\_\_\_\_\_\_\_**Country of Origin:**\_\_\_\_\_**Date of Entry (mm/dd/yy):**\_\_\_**/**\_\_\_**/**\_\_\_**

**10/1/2014**

**What services are you here for today?**

□ Dental □ Family Planning □ Primary Care □ Motor Vehicle Accident □ Workers Compensation □ WIC/Maternity Support Services

**Income:** This information is used to calculate discounted fees (Not applicable for

Travel Services). Indicate income from **ALL FAMILY/HOUSEHOLD MEMBERS** before taxes Salary/Wages, DSHS/Welfare Checks, Social Security/SSI, Unemployment, Child Support, etc. $**\_\_\_\_\_\_\_\_\_\_\_\_\_**/month

How many people are supported on this income?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Information**

Do you have any type of medical or dental insurance coverage?

**□ Yes** (please show your medical insurance card at check-in) **□ No**

If yes, please check all that apply: **□** Medicaid / ProviderOne **□** Take Charge

**□** Healthy Options **□** Medicare **□** Basic Health Plan **□** BHP Plus **□** CHIP

**□** Commercial Insurance **□** Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact**

Emergency Contact Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Relationship:**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_**  Legal Guardian: □ Yes □ No

Phone#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Alternate Phone#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do Not Complete the information below if you are an adolescent (13 -17 years) requesting confidential services.**

**Parent/Guardian Information – (Required for clients under 18 years of age)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name First Name Relationship to client | | | | |
| Phone | May we call you at this number?  □ Yes □ No | Alternate phone | May we call you at this number?  □ Yes □ No | |
| Address (if different from client) | | City | State | Zip |

**Other Parent/Guardian Information – (If Applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name First Name Relationship to client | | | | |
| Phone | May we call you at this number?  □ Yes □ No | Alternate phone | May we call you at this number?  □ Yes □ No | |
| Address (if different from client) | | City | State | Zip |