



## SCREENING QUESTIONS FOR NEW PATIENTS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. Why would you like to be seen at the clinic? \_\_\_\_\_  
\_\_\_\_\_

Grace Clinic operates as a Free Clinic and has limited resources. **We do not offer emergency or urgent care.** We are staffed mostly by volunteers and do not provide many of the services offered in a typical medical, dental or counseling office. Because of this, we do not treat the following conditions:

- Chronic Pain
  - New or Ongoing Cancer Treatment
  - Blood Clotting Disorders
  - Routine Pap Smears
  - Hormonal Disorders
  - Other conditions as determined by our medical provider(s)
- *Additionally, we do not prescribe or dispense controlled substances or narcotics.*
- *We also do not prescribe or dispense the following mental health medications: Ambien, Adderall, Lithium, Ritalin, Xanax, Valium or other similar medications.*

**If you are looking for any of the above services or medications, you need to look for care at another facility.**

2. Do you currently have any COVID or flu symptoms such as fever or cough? Yes No

If yes, please explain: \_\_\_\_\_

Grace Clinic is not testing or treating COVID-19. **If you are experiencing COVID symptoms, please get tested as soon as possible.** You can find a list of testing locations on the Benton Franklin Health District website.

**You must meet the following criteria to be eligible to be a Grace Clinic patient:**

3. Do you live in Benton or Franklin County or one of these towns year-round? Yes No

Basin City	Highland	Paterson
Benton City	Kahlotus	Plymouth
Burbank	Kennewick	Prosser
Connell	Kiona	Richland/West Richland
Etopia	Mesa	Whitstran
Finley	Pasco/West Pasco	

**You must live in this area year-round. Long-term visitors may look for care at an urgent care clinic or hospital emergency department.**



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4. Do you have any type of medical, dental, vision or catastrophic care insurance? Yes No

- Apple Health Plan
- Indian Health Service
- Medicare
- Student Insurance
- Private Insurance
- Medicaid Coupon
- Veterans Administration
- Alien Emergency Medical

***If you have any of the above, please contact your insurance company to find a primary care provider. Those with VA or Medicare coverage may be eligible for other services such as dental care. Please ask the front desk for details.***

5. What is your current total household income before taxes from all sources?  
(Household income includes pay for work, child support, alimony, food stamps, cash assistance, Labor & Industry, unemployment & all other sources of income, etc.)

Total Household Income: \_\_\_\_\_ Circle one: Monthly Annually

Number of People Living in Your Household: \_\_\_\_\_

How many children under the age of 18 live with you? \_\_\_\_\_

Ages of minor children: \_\_\_\_\_

This table shows the current figures for 200% of the Federal Poverty Level (subject to change):

Family Size	Gross Monthly Income	Gross Yearly Income
1	\$2,430	\$29,160
2	\$3,287	\$39,440
3	\$4,143	\$49,720
4	\$5,000	\$60,000
5	\$5,857	\$70,280
6	\$6,713	\$80,560

***If gross income exceeds the amount shown for your family size, the patient is not eligible for services at Grace Clinic.***

6. Is your need for care because of an injury or accident at work, an automobile accident or accident at someone else's home that is covered under another insurance?" Yes No

***If you answered "yes," please note that Grace Clinic does not treat injuries related to L&I claims or other insurance claims. Please contact your employer for information on where to be treated.***

Please arrive at the Clinic 30 minutes before the time of your first appointment. Please bring:

- Current Photo Identification
- Proof of family income
- Bottles or packages of all the medications you are currently taking.