



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.)

Number of People Living in Your Household: _____

Total Household Income: _____ Circle one: Monthly Annually

How many of your 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	\$2,510	\$30,120
2	\$3,407	\$40,880
3	\$4,303	\$51,640
4	\$5,200	\$62,400
5	\$6,097	\$73,160
6	\$6,993	\$83,920

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.