

FREE CLINIC OF THE TWIN COUNTIES PATIENT APPLICATION

Clinic Use Only: Paid: _____
Clinic card expires: ___/___/___
Income Verification: ___ Tax Form ___ W2 ___
Letter ___ Other _____ Income _____

NAME: (First) _____ Middle _____ LAST _____

Former Last Name _____

ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____ DOB _____ SSN _____

MARITAL STATUS: ___ Single ___ Married ___ Divorced ___ Legally Separated ___ Never Married ___ Widowed

SEX: ___ Female ___ Male HOME PHONE: ___ - ___ - ___ CELL ___ - ___ - ___ WORK ___ - ___ - ___

E-MAIL _____ (Please provide for portal) CONTACT PREFERENCE _____

PATIENT PORTAL REGISTRATION ___ Yes ___ NO CONSENT TO TEXT _____ ARE YOU HOMELESS _____
VERTERAN _____

ARE YOU EMPLOYED _____ If yes, where? _____ Pay Rate _____

How did you hear about us? _____

HOW MANY PEOPLE LIVE IN YOUR HOME _____ ARE YOU LIVING WITH RELATIVES _____

HOUSEHOLD INCOME _____ DO YOU GET FOOD STAMPS _____ HOW MUCH _____

PRIMARY LANGUAGE _____ SECOND LANGUAGE (if any) _____

PREFERRED PHARMACY _____ CITY OF PHARMACY _____

RACE _____ ETHNICITY _____

RELEASE MEDICATION/MEDICAL INFORMATION ___ Yes ___ NO

NAME: _____ ADDRESS _____ CITY _____ STATE _____

EMERGENCY CONTACT NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

APPLICANT SIGNATURE _____ DATE _____

OFFICE SIGNATURE _____ DATE _____

**FREE CLINIC OF THE TWIN COUNTIES INFORMATION WITH TERMS AND CONDITIONS
FOR PROSPECTIVE AND RENEWAL PATIENTS**

CRITERIA: The Free Clinic of the Twin Counties works hard to provide patients with quality medical care. To receive services at TFC (The Free Clinic) you will need to meet some criteria:

- **You must have lived in the Twin County area (Carroll, Grayson, or City of Galax) for a minimum of six months.**
- **Household income must be 200% or less of the Federal Poverty Level.**
- **You must be completely uninsured (No Medicare, Medicaid, Veteran's Benefits, or Private Insurance).**

WHERE TO APPLY: You may apply for services at:

**THE FREE CLINIC OF THE TWIN COUNTIES
140 Larkspur Lane, Suite C
Galax Va. 24333**

How to apply: You will need to complete a short application providing us with information about yourself and your household. After you are determined eligible for services, TFC can schedule your first appointment if you need to see one of our providers. Eligibility for services is for a 12 month period and eligibility will need to be re-examined every 12 months.

When to Apply: Applicants may apply Tuesday through Thursday, 9:30-11:30 am. & 1:00 - 4:00 pm.

NOTE: WE DO NOT PRESCRIBE CONTROLLED SUBSTANCES INCLUDING NARCOTICS AND BENZODEAZIPAMS (i.e. Xanax, Klonopin, Atavan, Valium).

Proof of Income: When you come to the clinic to apply for services, please bring with you at least 1 form showing Proof of Income: Bank Statements, Notices from Social Security, Paycheck Stubs, Food Stamp notices, Child Support Information, Alimony Check/ Copy of Court Order, etc. TFC will take into consideration total household income so you will be required to bring proof of total household income.

Termination: Eligibility for services through TFC will end if you begin to receive medical insurance of any type or if your income should increase beyond the stated limits. If you are found to have insurance while you are a FREE CLINIC patient, your services will be terminated.

**FREE CLINIC OF THE TWIN COUNTIES
PROOF OF INCOME**

- **Pay Stubs – Provide either the most recent with “Year to Date” income listed**
- **W-2 Form – Or Income Tax Return for most current calendar year**
- **Unemployment Notice – From VEC (Virginia Employment Commission)**
- **Statement of Social Security Benefits – Or other benefits**
 - **Food Stamp - Letter of Eligibility**
 - **Alimony Check – Or copy of Court Order**
 - **Child Support – Information or Court Order**

FREE CLINIC OF THE TWIN COUNTIES
HEALTH QUESTIONNAIRE

NAME: _____ DOB: _____

PAST MEDICAL HISTORY

Blood Type A AB B O Positive Negative Unknown

HEAD

Trauma

EYES

- Blindness
- Cataracts
- Glaucoma
- Wear Glasses/Contacts

EARS

Hearing Aid

NOSE/SINUSES

- Allergic Rhinitis
- Sinus Infection

MOUTH/THROAT/TEETH

- Dentures
 - Partial
 - Plates

CARDIOVASCULAR

- Aneurysm
- Angina
- DVT
- Dysrhythmia
- Hypertension
- Murmur
- Myocardial Infarction
- Other Heart Disease
- Explain: _____

SKIN

- Dermatitis
- Mole(s)
- Other Skin Condition(s)
- Psoriasis

PSYCHIATRIC

- Anxiety
- Bipolar
- Depression
- Hallucinations, Delusion
- Suicidal Ideation
- Suicide Attempts

RESPIRATORY

- Asthma
- Bronchitis
- COPD – Bronchitis/Emp
- Pleuritis
- Pneumonia

GASTROINTESTINAL

- Cirrhosis
- GERD
- Gallbladder Disease
- Heartburn
- Hemorrhoids
- Hepatitis
- Hiatal Hernia
- Jaundice
- Ulcer

GENITOURINARY

- Hernia
- Incontinence
- Nephrolithiasis
- Other Kidney Disease
- STDs
- UTI(s)

MUSCULOSKELTAL

- Arthritis
- Gout
- M/S Injury

NEUROLOGICAL

- Epilepsy
- Seizures
- Severe Headaches
- Stroke
- TIA

ENDOCRINE

- Goiter
- Hyperlipidemia
- Hypothyroidism
- Thyroid Disease
- Type I DM
- Type II DM

HEME/ONC

- Anemia
- Cancer

INFECTIOUS

- AIDS
- HIV
- STDs _____
- Tuberculosis (dz)
- Tuberculosis (exposure)

PAST SURGICAL HISTORY

COMMON SURGERIES:

- Aneurysm Repair
- Appendectomy
- Laminectomy
- Back Surgery
- Bariatric Surgery
- Bilateral Tubal Ligation
- Breast Resection/Mastectomy
- Carotid Endarterectomy/Stent
- Carpal Tunnel Release Surgery
- Reverse Tubal Ligation
- Cataract/Lens Surgery
- Cesarean Section
- Cholecystectomy/Bile Duct Surgery
- Dilation & Curettage
- Hemorrhoid Surgery
- Hip Arthroplasty
- Hip Replacement
- Hysterectomy
- Inguinal Hernia Repair

- Knee Arthroplasty
- LASIX
- Nasal Surge
- PTCA/PCI
- Pacemaker/Defibrillator
- Prostate Surgery
- Prostatectomy
- Rotator Cuff Surgery
- Sinus Surgery
- Skin Cancer Excision
- Spinal Fusion
- TAH-BSO
- Tonsillectomy/Adnoidectomy
- Vasectomy
- Gallbladder
- Kosh Punch Placement

SOCIAL HISTORY

TABBACCO USAGE

- Current Daily Smoker
- Former Smoker
- Never Smoker

DRUG ABUSE

- IVDU
- Illicit Drug Use
- No Illicit Drug

CARDIOVASCULAR

- Eat Healthy Meals
- Regular Exercise
- Take Daily Aspirin

ALCOHOL

- Do Not Drink
- Drink Daily
- Frequent Drinker
- Hx of Alcoholism
- Occasional Drinker

SAFETY

- Household Smoke detectors
- Keep Firearms in Home

SEXUAL ACTIVITY

- Exposure to STI
- Homosexual Encounters
- Not Sexually Active

Safe Sex Practices
 Sexually Active

CURRENT MEDICATIONS

Name : _____ Dosage: _____

Name : _____ Dosage: _____

Name : _____ Dosage: _____

Name : _____ Dosage: _____

Name : _____ Dosage: _____

Name : _____ Dosage: _____

Name : _____ Dosage: _____

DRUG ALLERGIES

Drug _____ Reaction _____

Drug _____ Reaction _____

Drug _____ Reaction _____

Drug _____ Reaction _____

FAMILY HISTORY

Please List any strong family diseases:

Arthritis

Asthma

Bleeding Disorder

COPD

Diabetes

Heart Disease

Seizure Disorder

Tuberculosis

Colon Cancer

Uterine Cancer

Ovarian Cancer

Heart Attack

High Cholesterol

Hypertension

Mental Illness

Osteoporosis

Stroke

Alcoholism

Drug Abuse

Thyroid Disorder

Breast Cancer

Other Cancer

WOMEN:

Age of Menstruation _____

Age of Menopause _____

___ History of Abnormal PAP Smear

___ History of Fertility Drug Use

___ History of irregular Menses

___ Unable to become pregnant

PREGNANCY HISTORY:

Total Pregnancies _____ Full Term _____ Miscarriages _____ Abortions _____ Living _____

MEN:

Prostate Trouble __Yes __No Weak Stream __Yes __No Impotence/Difficulty with Erections __Yes __No

Use of Viagra or other ED medications ___Yes ___No