## Coos Health & Wellness Pre-Appointment Form

Name:	First	Middle		a a f
	- 8			ast .
Last Name at Birth: Social Security #:				
Emergency Contact:			Phone #:	
Are you able to get appointment reminders through text?   NO YES				
Text Message #:	эти багайга жана орын айсын айсы			
Tribal Affiliation:		□ NO	YES If yes which tribe?	
Ethnicity: (Check one)		☐ Non-Hispar		can
Primary Language:	(Check one)	☐ English ☐ Other:	☐ Spanish	·
Interpreter Needed:		□ NO	☐ YES	
Race: (Check one)	☐ White	☐ American Indian☐ Alaska Native	☐ Black/African America	
Veteran: NC	) TES	5		
Marital Status: (Check one)		☐ Never Married ☐ Divorced	☐ Married/living as Marri☐ Separated ☐	ed ] Widowed
Employment Status: (Check one)	☐ Student ☐ Volunteer/ot ☐ Unemployed	her d (looking for work)	Homemaker Retired Disabled	Employed Full time Employed Part time Not in workforce
Education: Highest grade completed:				
Tobacco Use: NC	YES	Substance use in the p		☐ YES
Women Only: Are ye	ou pregnant	.   NO	☐ YES	
HOUSEHOLD INCOME INFORMATION				
PRIMARY SOURCE OF HOUSEHOLD INCOME (CHECK ONLY ONE):				
<ul><li></li></ul>			☐ Public Assistance/Ta☐ Disability/SSDI☐ Other/Foster Care/Al	
ESTIMATED GROSS MONTHLY INCOME: \$				
TOTAL NUMBER OF PERSONS DEPENDENT ON THIS INCOME:				
NUMBER OF DEPENDENTS BETWEEN 0 AND 17:				