Coos Health & Wellness
Pre-Appointment Form

Name: ___________________________  First  Middle  Last

Last Name at Birth: ___________________________

Emergency Contact: ___________________________

Are you able to get appointment reminders through text?  □ NO  □ YES

Text Message #: ___________________________

Tribal Affiliation:  □ NO  □ YES

If yes which tribe: ___________________________

Ethnicity:  □ Non-Hispanic  □ Hispanic-Mexican
         □ Hispanic-other  □ Unknown

Primary Language:  □ English  □ Spanish
         (Check one)  □ Other: ___________________________

Interpreter Needed:  □ NO  □ YES

Race:  □ White  □ American Indian  □ Black/African American
         □ Asian  □ Alaska Native  □ Other: ___________________________

Veteran:  □ NO  □ YES

Marital Status:  □ Never Married  □ Married/living as Married
         □ Divorced  □ Separated  □ Widowed

Employment Status:  □ Student  □ Homemaker
         □ Volunteer/other  □ Retired  □ Employed Full time
         □ Unemployed (looking for work)  □ Disabled  □ Employed Part time
         □ Not in workforce

Education: Highest grade completed: ____________

Tobacco Use:  □ NO  □ YES

Substance use in the past 90 days:  □ NO  □ YES

(Marijuana, alcohol, etc.)

Women Only: Are you pregnant  □ NO  □ YES

HOUSEHOLD INCOME INFORMATION

PRIMARY SOURCE OF HOUSEHOLD INCOME (CHECK ONLY ONE):

□ Wages/Salary  □ Public Assistance/Tanf
□ Retirement/Pension/SSI  □ Disability/SSDI
□ None  □ Other/Foster Care/Alimony

ESTIMATED GROSS MONTHLY INCOME: _______________

TOTAL NUMBER OF PERSONS DEPENDENT ON THIS INCOME: _________

NUMBER OF DEPENDENTS BETWEEN 0 AND 17: _________