

PARTNERS for HEALING, Inc.
PATIENT SCREENING FORM

Staff Use Only	
Approved: Yes / No	_____
Appt Date:	_____
Appt Time:	_____
Notified	_____ (Date/Initials)

- New Patient
- Returning Patient--Date Last Seen _____

Last Name _____ First Name _____ MI _____ Date of Birth _____

Address _____ City _____ County _____ ZIP _____

Social Security Number _____ Phone # _____ Cell # _____

Email Address _____ Consent to Call: Y/N Consent to Text: Y/N

- Do you live or work in Coffee, Franklin or Moore County, TN? YES / NO
- Are you employed? YES / NO How many hours per week do you work? _____
If not who is employed in your home? _____ How many hours per week do they work? _____
- Do you have any type medical insurance? YES / NO
- Are you eligible for or have Veterans Benefits? YES / NO
- Are you covered by your spouse, partner or parents insurance? YES / NO
- What is the size of your household; _____ (# Adults: _____ #Under 18yrs: _____)

List household members and relationship

What is the gross income for the ENTIRE household? (include all forms of income)

Wages	\$ _____	Weekly	Monthly	Yearly
Disability	\$ _____	Weekly	Monthly	Yearly
Social Security	\$ _____	Weekly	Monthly	Yearly
Unemployment	\$ _____	Weekly	Monthly	Yearly
Retirement	\$ _____	Weekly	Monthly	Yearly
Food Stamps	\$ _____	Weekly	Monthly	Yearly
Other	\$ _____	Weekly	Monthly	Yearly
TOTAL AMOUNT	\$ _____			

Patient Employer _____ Phone number (____) _____

Employer's Address _____

Spouse/Other Name _____ Employer _____

Employers Address _____ Phone # (____) _____

Reason for your visit _____ Is this Workman's Comp. Related? YES / NO

PARTNERS FOR HEALING, INC. DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN, OR HANDICAP IN PROVIDING SERVICES. DISCRIMINATION COMPLAINTS SHOULD BE ADDRESS TO PARTNERS FOR HEALING COMPLIANCE OFFICER AT 455-5014

I attest that all of the above is correct: _____ Date _____

*Required information before approval process may begin, all information subject to verification.

- TWO MOST RECENT PAYSTUBS
- UTILITY OR BILL RECEIVED THRU THE MAIL FOR VERIFICATION OF RESIDENCE
- LAST YEARS TAX RETURN AND OR W2 (opt)
- COPY OF PICTURE IDENTIFICATION Screeners Initials _____ date received _____