Patient #:_____

The Monroe Chapter of Universal Health Aid

Think Universal.

Eighth Annual Free Medical Screening

Saturday, August 11th, 2018 9:00AM-12:00PM

Oaks of Righteousness, 924 E. 2nd St., Monroe, MI 48161

PATIENT INFORMATION

NAME	(Last Name)	(First Name)	(MI)

BIRTH DATE	____ / _____ / _____ (Month) (Day) (Year)	**GENDER** (Circle One)	Male / Female / Other

ADDRESS

CITY | **STATE** | **ZIP**

TELEPHONE #

NEW TO OUR SCREENING? ☐ YES ☐ NO

RACE / ETHNICITY

- ☐ Native American
- ☐ Asian ☐ White
- ☐ African American
- ☐ Pacific Islander
- ☐ Hispanic or Latino

Other _____

OUR SERVICES

GENERAL SERVICES (Mark all of applicable)	OTHER SERVICES (Mark all of applicable)	OTHER SERVICES (Mark all of applicable)
☐ Internal Medicine *(Adult Check Up)*	☐ Ophthalmology *(Eye)*	☐ Podiatry (*Foot*)
☐ Pediatrics *(17 or younger Check Up)*	☐ Cardiology *(Heart)*	☐ Psychiatry/Psychology (*Mind*)
☐ Dental *(Teeth and Gum)*	☐ Gynecology *(Women's Health)*	☐ Dermatology (*Skin)*
	☐ ENT *(Ear, Nose, Throat)*	☐ Gastroenterology *(Stomach)*
		☐ Urology (*Kidneys/Others)*

PLEASE CHECK ALL THAT APPLY. ANSWER TO THE BEST OF YOUR KNOWLEDGE. ☐ **NONE….N/A**

☐ Allergies	☐ Bipolar Disorder	☐ High Blood Pressure	☐ Sleep Problems
☐ Alcoholism	☐ Bleeding Disorder	☐ Kidney Disease	☐ Stroke
☐ Anxiety	☐ Depression	☐ Prolonged Dizziness/Fainting	☐ Tumors or Cancer
☐ Arthritis	☐ Diabetes	☐ Severe Headaches or Migraines	☐ Unexpected Changes in weight
☐ Asthma	☐ Digestion Problems	☐ Seizures	
☐ Back pain	☐ Heart Problems	☐ Shortness of Breath	

PLEASE LIST ANY OTHER HEALTH CONCERNS OR CONDITIONS YOU MAY HAVE HERE:

MEDICATIONS — Please list any you might be taking	**HEALTH STATUS**	
	How would you rate your health compared to others?	☐ Poor ☐ Fair ☐ Good ☐ Excellent ☐ N/A
	How many days last year were you too sick to work or go to school?	☐ None ☐ 1-3 ☐ 4-6 ☐ 7 or more
	How many times have you seen a doctor in the past 12 months?	☐ None ☐ 1-3 ☐ 4-6 ☐ 7 or more