

APPOINTMENT SCHEDULER

REFUGEE HEALTH SCREENING & CIVIL SURGEON VISIT

Date: _____ **Email or Fax #** _____

Caseworker _____

Family Size: _____ **Family phone #** _____

(Please leave blank if client does not yet have a phone number)

For official use only

Appointment Date: _____

at _____ AM PM on _____

2124 4th Ave. (4th & Blanchard)
 Seattle, WA 98121
 Tel: (206) 477-8214
 Fax: (206) 296-3140
 Email: RefugeeHealthScreeningClinic@kingcounty.gov

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Country of Origin: _____ **Primary language spoken:** _____

Arrival Date: _____ **Secondary language spoken:** _____

Assigned Clinic (PCP): _____ **State of initial resettlement:** _____

RHPP Enrollment: **Yes** **No**

Sponsor or US family tie: _____ **Phone # (H)** _____

	Last Name	First	Middle Ini.	Sex	Birth date	Alien # xxx-xxx-xxx
1.	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	A
2.	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	A
3.	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	A
4.	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	A
5.	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	A
6.	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	A
7.	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	A
8.	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	A
9.	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	A
10.	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	A
11.	_____	_____	_____	M F	_____	A
12.	_____	_____	_____	M F	_____	A

If you arrive late, we may reschedule your appointment.
 If you have Medicaid, you **MUST** bring your **ProviderOne card** with you to your appointment.
 Please call **(206) 477-8214** at least 24 hrs in advance to change or cancel your appointment.

(Please attach a copy of I-94 with this form before sending to us. Thank you!)