



# Ascent Urgent Care & Walk-In Clinic

## Immigration Physical

Today's Date: \_\_\_\_\_ Patient Gender:  Male  Female

Form completed by :  Self  Parent/Guardian  Spouse  Other

### Patient Information

Patient : \_\_\_\_\_

Last Name

First Name

Middle Name

SS# (Age 18 and up): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Number & Street

City

State

Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: (Please circle one)  Single  Married  Widow  Divorced

Parent/Guardian: \_\_\_\_\_ Parent/Guardian Date of birth: \_\_\_\_\_

City of birth: \_\_\_\_\_

### INS Physical Health Screening Questions

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Do you have any Health Problems                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you currently taking any medications          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever had a Positive TB skin test         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been treated for TB                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever had Chicken Pox in your life time   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Any history of Drug abuse/Drug Addiction          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Any history of Alcohol abuse/Alcohol Addiction    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Any history of Mental Health Disorders            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Any history of Sexually Transmitted Disease (STD) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### CARE WITH COMPASSION!

**Howell** 1255 East Grand River  
Howell, MI 48843  
Ph: (517) 545-7400  
Fax: (517) 545-7477

**Saline** 140 S Industrial  
Saline, MI 48176  
Ph: (734) 316-2268  
Fax: (734)-236-6030

**Fenton** 17100 Silver Parkway, Suite B.  
Fenton, MI 48430  
Ph: (810) 936-0040  
Fax: (810) 936-0041