C.O.R.E. Medical Clinic, Inc.
PRE-ADMISSION SCREENING SHEET

How were you referred to C.O.R.E. Medical Clinic, Inc.? Today's Date _____

☐ From a Current Patient ☐ From a Previous Patient ☐ From a Non-Patient Acquaintance
☐ Clinic I am Transferring From ☐ Probation or Parole Referred ☐ Phone book
☐ County AOD (System of Care) ☐ I was a previous patient at 2100 Capitol Ave.
☐ Other (please list) _____

PATIENT INFORMATION

Patient Name (L, F, MI) _____ AKA _____ DOB _____
Phone Number(s) _____ Social Security # _____
May we contact you at this phone number if you miss your appointment? Y ☐ N ☐
Ethnicity _____ Hair Color _____ Eye Color _____ Height _____ Weight _____
Street _____ City _____ ST _____ ZIP _____
Nearest Cross Street _____
Mother's Maiden Name _____ Distinguishing Marks (i.e. Scars, Tattoos) _____

HISTORY

Name of Clinic _____ Consent Signed _____ Date Faxed _____ Hx Received Yes ☐ No ☐
Name of Clinic _____ Consent Signed _____ Date Faxed _____ Hx Received Yes ☐ No ☐

For Previously Treated Maintenance Patient:

OLD ID# _____ Original Admit Date _____

FISCAL

Medi-Cal Y ☐ N ☐ (If no, go to the next line) Approved CERT: Y ☐ N ☐ SOC Fee $ _____ SOC Paid: Y ☐ N ☐ NA ☐
Private Pay (monthly fee): $ _____ Paid: Y ☐ N ☐ CF: Y ☐ N ☐ Other _____ Verified by: _____
Back Balance $ _____ Verified by: _____ Paid in Full Y ☐ N ☐ Contract Y ☐ N ☐ Verified by: _____

CHECK LIST

☐ Patient is over 18 years of age (if under 18, refer to Clinic Manager)
☐ Verification of treatment history completed and approved by Clinic Manager
☐ Check "Inappropriate for Treatment" List
☐ Photo ID is valid and current
☐ Copies of ID, Medi-Cal card and CERTS given to: ☐ Fiscal ☐ Intake Counselor ☐ Front Desk
☐ Emergency Contact Completed ☐ NVRA voter preference form signed ☐ Voter Registration form given if applicable (mailed if requested)
☐ Lab Slip Given ☐ Appointment Slip Given ☐ Rules & Info Packet Given ☐ HIPAA Policy Signed & Packet Given

WAIT LIST INFORMATION - Federal/County Status (Check all priorities that apply)

☐ Active Hep C ☐ Pregnant (PW) ☐ Intravenous Drug User ☐ HIV positive
☐ CPS ☐ CalWORKs ☐ Multi System User ☐ Medi-Cal

COUNSELOR PREFERENCES

Would you prefer your counselor be a specific gender? ☐ No preference ☐ Male ☐ Female
Would you prefer your counselor to be a specific ethnicity? ☐ No preference ☐ Caucasian ☐ African-American ☐ Hispanic ☐ American Indian ☐ Southeast Asian ☐ Other (specify): _____
Do you have a need for any disability accommodations? If yes, what _____
We will do our best to accommodate your preferences, but cannot guarantee that a counselor of a specific gender or ethnicity will have an opening on their caseload.

OPTIONAL QUESTIONS

Have you previously received mental health services? ☐ Yes ☐ No If yes, where: _____
Do you have any learning disabilities that you would like us to be aware of? ☐ Yes ☐ No Please list: _____
Have you been in a hospital, psychiatric hospital, or rehabilitation facility in the last 30 days? If yes, where: _____

Clinic Manager Signature: _____ **Date:** _____

APPOINTMENT DATE: _____ **TIME:** _____

Please be advised that completing preliminary health and insurance questionnaires does not establish a physician-patient relationship with this practice.

Patient Signature: _____ **Date:** _____

Form completed by: _____

Would You Like to Register to Vote?

You may register to vote in California if:

1. You are a United States citizen.
2. You are a resident of California.
3. You are at least 18 years of age (or will be by the date of the next election).
4. You are not in prison or on parole for a felony conviction.
5. You have not been judged by a court to be mentally incompetent.

Important Notices

1. Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.
3. If you decline to register to vote here today, that information is confidential and may not be used for any purpose other than voter registration. If you register to vote here today, the agency or office at which you are registering is confidential.
4. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 - 11th Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov.
5. If you move to a new address, or if you change your name or want to change your political party preference, you must fill out a new voter registration card.
6. We will retain this Voter Preference Form with this agency. If you choose to register today, we will send your completed voter registration card to the county elections office.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Check One)

☐ Already registered. I am registered to vote at my current residence address.

☐ Yes. I would like to register to vote. (Please fill out the attached voter registration card.)

☐ No. I do not want to register to vote.

NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

_____

Applicant Name Date