\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Name:

Date of Birth:

Preferred Language:

Gender identity:

Pronouns:

Telephone Number (if has access to phone):

Is it okay to leave a message? Yes / No

Is sending a text message okay if unable to be reached by phone? Yes / No

**(\*You can alert clients in advance that they can expect contact from our appointment line number: (646) 946-4482)**

Person feels comfortable reading/writing in their native language: Yes / No

Person will be bringing child/children to appointment with them: Yes / No

Insurance status:

🞏 Has Insurance

🞏 Has Emergency Medicaid only

🞏 Not currently insured & has had insurance in the past

🞏 Unknown

🞏 Not currently insured, but has filed for asylum and has received Form I-797C\*

(\*Note: Receipt number can be used for insurance enrollment, we can assist)

🞏 Not insured, no pending asylum application

PurpLE Clinic Relevant History:

🞏 Sex Trafficking

🞏 Labor Trafficking

🞏 Domestic Violence

🞏 Other Sexual Trauma (eg. sexual assault, sexual abuse)

🞏 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_

Still in exploitative/abusive situation: Yes/ No

\*With patient/client’s consent: Any relevant background/history that the client feels is important and would prefer that our medical team is aware of in advance, so they do not have to repeat it during the visit (particularly with regard to trauma):

Please let us know if there are any appointment preferences/Locations/Limitations/Deadlines that we can accomodate

(eg. works weekends, prefers evenings, court deadlines, employment physical due dates, etc):

Person may need assistance connecting with (please mark all that apply):

Mental Health services- Psychiatry only

Mental Health services- therapy only

Mental Health services- Psychiatry and therapy

Housing

Employment

Legal

Clothing

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Food

**To comply with Health Insurance Portability and Accountability Act of 1996 (HIPPA) please return this form via an encrypted method to** [**purpleclinic@institute.org**](mailto:purpleclinic@institute.org) **or via fax: 845-633-5778**