



Alabama Free Clinic

212 Courthouse Square

Bay Minette, AL. 36507

(251) 937-8096 fax (251) 580-3140

Date: _____

The Alabama Free Clinic provides limited health services to Baldwin County Adults with high blood pressure, diabetes, high cholesterol, COPD, asthma, Gerd, and thyroid. Please complete the enclosed forms and provide copies of the requested items and documents. When all items are received the forms will be reviewed and you will be contacted by phone about the waiting list or an appointment.

You may mail or fax the completed forms and documents to the address or fax number above.

If you have any questions please call the clinic, 251-937-8096.

Sincerely,

Alabama Free Clinic

Alabama Free Clinic Health History

Name _____ Date of Birth _____ Age _____
What doctor or Clinic you go to when you are sick? Doctor _____ Clinic _____

How would you describe your overall health: POOR _____ FAIR _____ GOOD _____

Have you ever had any medication allergies or drug reactions? YES _____ NO _____

If YES, list medications and reactions: _____

Have you ever had surgery? YES _____ NO _____

If YES, list reason and the year: _____

Have you ever been hospitalized for a reason other than surgery? YES _____ NO _____

If YES, list reason and year: _____

LIST ALL Medications, strengths, and instructions (prescription and over the counter) use a separate sheet of paper if needed.)

Women Only: Are you Pregnant at this time? YES _____ NO _____

Personal Medical History		
Check the problems you have or have had.		When did you have it? (age or year diagnosed)
Alcohol/ Drug Abuse		
Anemia		
Arthritis		
Asthma		
Cancer & Type		
Diabetes		
Epilepsy		
Eye/Ear Problem		
Hay Fever		
Heart Murmur		
Heart Problems		
High Blood Pressure		
Jaundice		
Kidney/Bladder Problems		
Rheumatic Fever		
Sinus Problems		
Stroke		
Thyroid		
Tuberculosis		
Ulcers		
Other		

Family Medical History			
Family Member	Age		Medical Problems and/or Cause of Death (if known)
	Now	At Death	
Mother			
Father			
Grandmother (mother)			
Grandfather (mother)			
Grandmother (father)			
Grandfather (father)			
Brother & Sisters			
Children			

Do you use Alcohol or other potentially addictive substances? YES _____ NO _____

If Yes How much? _____ What do you use? _____ How Often? _____

Do you Smoke or use smokeless tobacco? YES _____ NO _____

If YES, at what age did you start smoking? _____ How many packs do you smoke a day? _____

Have you ever smoked? YES _____ NO _____ How many packs did you smoke each day? _____

Name (Last)	(First)	(M.I.)
Date of Birth	S.S.#	- -

Check Yes or No

YES

NO

Are you a Veteran?		
Are you Disabled?		
Are you on Medicaid?		
Are you on Medicare?		
Do you have Medical Insurance?		

Household Size and Income Verification

List all members of your household, relationship, date of birth, and source of income to the household.

Name (first and last)	Relationship	Date of Birth	Income

Include copy of:

- 1) Driver's License or other Photo ID showing current address
- 2) If address is not your current address you must provide a document with your current address. Acceptable documents are utility bills (phone, power, gas), lease or rental agreement.
- 3) Social Security Card
- 4) Medicaid Denial letter: if you do not have this – it can be found @ www.medicaid.alabama.gov or by calling 1-800-362-1504.
- 5) Most recent Federal income tax return (1040, 1040A, 1040EZ)
- 6) If you do not file income tax provide IRS Transcript- this can be found @ WWW.IRS.GOV or by calling 1-800-908-9946.

Alabama Free Clinic

Patient Information and Income Verification

Name (Last)	(First)	(M.I.)
Date of Birth	Age	S.S. # - -
Gender (circle) Female Male	Race (circle) African American Caucasian Hispanic Other _____	
Street Address		
Mailing Address (if different)		
City, State, Zip		
Telephone		
Spouse's Name		
Telephone # Home () -	CELL () -	
Work () -	place of employment	
Emergency Contact Information (different name and phone number from above)		
Name	Relationship	
Telephone # Home () -		
Cell () -		
Work () -	Place of employment	
Pharmacy Name	Location	Phone#

Messages may be left with my spouse and / or emergency contact concerning my medical information.	YES	NO
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Medical Release

I, the undersigned, understand and agree that the Alabama Free Clinic, Inc. provides medical services under the Volunteer Medical Professional Act at no cost to me.

I, further understand that the doctors and other healthcare professionals who provide free services are not liable for civil damages as a result of his or her acts or admissions in providing medical treatment, diagnosis, advice, nursing services unless the act of admission was the result of the licensed healthcare provider's willful or wanton misconduct.

Signature _____ Date _____

Witness _____ Date _____