



New Patient Referral for Medical Care

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 it okay to send a text? Yes / No	
<i>*You can alert clients in advance that we may contact them from this number: (646) 946-4482</i>			
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:			
<input type="checkbox"/> Has insurance	<input type="checkbox"/> Not insured & has had insurance in the past		
<input type="checkbox"/> Has Emergency Medicaid only	<input type="checkbox"/> Not insured, but has filed for asylum and received Form I-797C* <small>(*Note: Receipt number can be used for insurance enrollment, we can assist)</small>		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Not insured, no pending asylum application		
Relevant history:			
<input type="checkbox"/> Sex trafficking	<input type="checkbox"/> Domestic violence		
<input type="checkbox"/> Labor trafficking	<input type="checkbox"/> Other sexual trauma/exploitation (e.g., sexual assault)		
<i>*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):</i>			

To ensure confidentiality, please return this form via secure file-sharing service to TLC@institute.org or via fax to 845-633-5778.