Premier
Family Medicine

Immigration Checklist

REQUIRED FOR APPOINTMENT

Name as required on ID/Passport		
(First)	(Middle)	(Last)
DOB:	DOS:	

DOCUMENTS REQUIRED	CHECK	NOT CHECKED
Copy of Passport	☐	☐
Copy of ID	☐	☐
Copy of Alien/USCIS Number	☐	☐
Intake Packet	☐	☐
	☐	☐

VACCINATIONS	TAKEN	NOT TAKEN
DTAP (12 years old and **under**)	☐	☐
TDAP (12 years old and **older**) ~~**PROVIDED IN CLINIC FOR $55**~~	☐	☐
FLU SHOT (Seasonal October-March) ~~**PROVIDED IN CLINIC FOR $25**~~	☐	☐
MMR ~~**PROVIDED IN CLINIC FOR $85**~~	☐	☐
VARICELLA ~~**PROVIDED IN CLINIC FOR $155**~~	☐	☐

HEPATITIS B

PNEUMONIA IF > 65

(If had chicken box previously please sign the undertake form)		
COVID-19 **PROVIDED IN CLINIC FOR FREE**	☐	☐

Antibody Test (Only check if the patient confirmed they don't have a record of these vaccinations but have vaccinations)	MMR TDAP DTAP VARICELLA COVID	☐ ☐ ☐ ☐ ☐

Do you need a translator?	YES ☐	NO ☐
What Language?		

(BELOW IS EMPLOYEE USE ONLY)

Were the documents uploaded to the chart?	YES ☐	NO ☐
MA Name & Signature	Name	Signature
Coordinator Name & Signature	Name	Signature

Remarks: If you want to get any of the above required immunizations listed above at a different location, please refer to the attached list for options.

On the day of the appointment, please make sure to bring interpreter if needed.

Immunizations

- Low or no cost immunizations for uninsured children and adults
- CHP+, Medicaid, and Medicare accepted
- Private insurance accepted (unable to bill Kaiser and select private insurances)
- Out of pocket costs vary for non-routine vaccines

Immunization Hotline

303-451-0123

Bring your immunization record with you to every visit

Tri-County Health Department

Saturday Clinic Opportunities

Shots for Tots & Teens

Aurora Fire Station #2
12600 Hoffman Blvd
Aurora, CO 80011

Walk-in clinic
2nd Saturday each month

Premier Family Medicine

10: 00 am – 1:00 pm
(or until capacity is reached)

Aurora Office
15400 E. 14th Place
Aurora, CO 80011
303-451-0123
Fax 303-364-1253

Walk-in clinic
Tuesday & Thursday afternoons
1:00 pm - 3:30pm
(or until capacity is reached)

Appointments available on select days

Castle Rock Office
410 S. Wilcox Street
Castle Rock, CO 80104
303-451-0123
Fax 303-688-3922

Appointments available on select days

Englewood Office
4857 S. Broadway
Englewood, CO 80113
303-451-0123
Fax 303-783-7176

Walk-In clinic
Friday mornings
8:30 am - 10:30 am
(or until capacity is reached)

Appointments available on select days

Lone Tree Office
9350 Heritage Hills Circle
Lone Tree, CO 80124
303-451-0123
Fax 303-662-0103

Appointments available on select days

Westminster Office
1401 W. 122nd Avenue Suite 200
Westminster, CO 80234
303-451-0123
Fax 303-450-5042

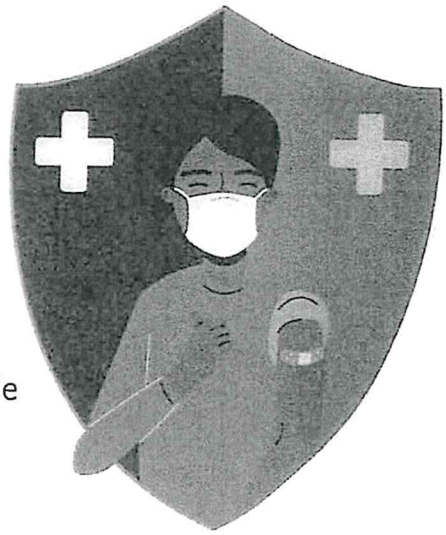
Walk-In clinic
Tuesday mornings
8:30 am -10:30 am
(or until capacity is reached)

Appointments available on select days

Vaccination Clinics

Vaccinations for children and adults

- ✔ Low or no-cost vaccines for individuals without insurance
- ✔ CHP+, Medicaid, and Medicare accepted
- ✔ Most private insurance accepted
- ✔ Non-routine vaccines may require an out-of-pocket cost



Aurora
Walk-in, no appointment needed

- Mondays 4 - 7 p.m.
- Tuesdays and Thursdays 8:30 – 11:30 a.m., 1 – 3:30 p.m.
- 2nd Saturday of each month 10 a.m. - 1 p.m., Shots for Tots and Teens clinic
- Appointments available on select days

15400 E. 14th Place
Phone 303-451-0123
Fax 303-364-1253

Castle Rock
By appointment only

410 S. Wilcox St.
Phone 303-451-0123
Fax 303-688-3922

Englewood
Walk-in, no appointment needed

- Fridays 8:30 - 11:30 a.m.
- Appointments available on select days

4857 S. Broadway
Phone 303-451-0123
Fax 303-783-7176

Lone Tree
By appointment only

9350 Heritage Hills Circle
Phone 303-451-0123
Fax 303-662-0103

Westminster
Park & call, no appointment needed

Park in a designated spot. Call the number on the sign. Wait in your vehicle.

- Tuesdays and Thursdays 8:30 – 11:30 a.m., 1 – 3:30 p.m.
- Various Saturdays (call for details) 10 a.m. - 1 p.m., Shots for Tots and Teens clinic
- Appointments available on select days

1401 W. 122nd Ave. Suite 200
Phone 303-451-0123
Fax 303-450-5042

Bring your vaccination record with you to every visit!

Please note that clinics may close before the scheduled end time if capacity is reached.

Updated 8/4/21

Tri-County Health Department
Serving Adams, Arapahoe and Douglas Counties

Call the vaccination hotline 303-451-0123

Immigration Appointment Checklist

Please be sure to bring in the below items and **send in advance** to reception@zmilyhealth.com

- COPY OF PASSPORT
- COPY OF ID
- ALIEN/USCIS NUMBER (IF ANY)
- VACCINE RECORD *must have done or have scheduled to be completed prior to appointment*
  - DTAP
  - MMR
  - VARICELLA
  - INFLUENZA (October- March)
- Please send over any labs completed within the last year
- Do you need a translator? If so, what language? If you are bringing a personal translator, please provide us with their name, address and phone number for documentation purposes.
- What is the date of your immigration interview? **Please make sure that this date is AT LEAST 2 WEEKS after immigration appointment.**

IMMIGRATION

BRING IN:

- PHOTO ID/PASSPORT
- DOCUMENT WITH ALIEN NUMBER
- IMMUNIZATIONS (TDAP, MMR, VARICELLA, FLU SHOT, COVID)
  - IF THEY WANT TO DO THESE SHOTS HERE: $55 TDAP, $85 MMR, $155 VARICELLA $25 FLU SHOT AND FREE COVID. **TOTAL FOR ONLY VACCINES $320**.
- COME IN 15 MIN EARLY, BRING ANY REQUIRED PAPERWORK
- TOTAL FOR VISIT $325.00
  - $300 CHARGED UPFRONT AT CLINIC
  - $25 LABS (COMES IN MAIL)
- CHILDREN (UNDER 15): $225 INCLUDING LABS

Premier
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2283 S Monaco Pkwy, Ste. 105
Denver, CO 80222
Ph: (720) 531-2370 Fax: (303) 632-6153

IMMIGRATION PHYSICAL PATIENT DEMOGRAPHICS

FIRST NAME _____ MIDDLE _____ LAST _____

DATE OF BIRTH _____ SEX F _____ M _____

ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____ WORK _____

NATIVE LANGUAGE _____

CITY OF BIRTH _____

COUNTRY OF BIRTH _____

ALIEN REGISTRATION # A-_____

LEGAL GUARDIAN (IF PATIENT IS A CHILD UNDER 18) _____

HOW DID YOU HEAR ABOUT US? (PLEASE SPECIFY)

- ☐ FRIEND _____
- ☐ FAMILY MEMBER _____
- ☐ ONLINE (PLEASE SPECIFY
- ☐ ADVERTISING/FLIER
- ☐ USCIS WEBSITE
- ☐ OTHER (please specify) _____

******PLEASE PROVIDE YOUR PHOTO ID AND ANY IMMUNIZATION RECORDS TO THE RECEPTIONIST EVEN IF WE HAVE THEM ON FILE.**

Note: This is a confidential record and will be kept in your doctor's office. Information contained on this form will not be released without your permission.

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MEDICAL HISTORY

1. Have you ever tested positive for Tuberculosis (skin or blood test)? Y N
   a. if yes, how long ago? _____
      i. Did you have a chest X-Ray? Y N
      ii. Was the x-ray normal? Y N
2. Have you ever tested positive for Syphilis? Y N
   a. if yes, how long ago? _____
      i. Did you undergo treatment? Y N
3. Have you ever tested positive for Gonorrhea? Y N
   a. if yes, how long ago? _____
      i. Did you undergo treatment? Y N
4. Have you ever tested positive for Chlamydia? Y N
   a. if yes, how long ago? _____
      i. Did you undergo treatment? Y N
5. Have you ever been diagnosed with a physical disorder? Y N
   a. If yes, what disorder? _____
6. Have you ever been diagnosed with a Mental disorder? Y N
   a. If yes, what disorder? _____
7. Do you have any history of illicit drug or controlled substance use? Y N
   a. If yes, what drug/substance? _____

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PREMIER FAMILY MEDICINE

PATIENT HIPAA CONSENT FORM

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize you to use and disclose my protected health Information to carry out:

* Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment);
* Obtaining payment from third party payers (e.g. my Insurance company);
    - The day-to-day healthcare operations of your practice.

I have also been informed of and given the right to review and secure a copy of your *Notice of Privacy Practices*; which contains a more complete description of the uses and disclosures of my protected health information and my rights under HIPAA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment and health care operations, but that I am not required to agree to these requested restrictions - However, if I do agree, I am then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

Print Patient Name_____ Date of Birth _____

Signature _____ Date Signed _____

Relationship to Patient (circle one)

Self Parent Legal Guardian Other (please specify) _____

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Adult Immigration Physical Check List:

(Please sign at the bottom of page once you have read through the checklist and fully understand it)

- Do I have a record of all my vaccines up to date required for USCIS? (These need to be given to the receptionist at the time of check-in and the receptionist will take a copy).
  - I need these vaccines up to date:
    - Tdap
    - MMR
    - Varicella (if I have no history of the chicken pox)
    - Flu Shot

  ***If I do not have records of my vaccines at the time of my appointment, I understand that I need to get them immediately after my appointment and bring the records back to Premier Family Medicine. I can request them from where I got them done. Premier Family Medicine cannot complete my Form I-693 without a completed vaccine record.*

  *** If I don't have a way to get a record of my vaccines, then I need to get them done at any Walgreens if I have insurance or I can go to Tri-County Health Department - (303)451-0123 - if I don't have insurance.*
- If I am applying with a different name/last name than what is on the ID provided to the staff, I need to provide legal documentation such as a Driver License, State ID, Employment Authorization Card, or Marriage License that shows the name/last name I am applying with. ***All documents with legal names as to appear on my application need to be presented at the time of check-in for my physical. Any changes needed to be made after my physical paperwork is complete and signed by the doctor will result in a $50 charge.***
- If I have an interview date, I need to keep in mind that results take up to 1-2 weeks and the form I-693 will be ready to pick up within 1-2 weeks (on a Wednesday or Friday when the Doctor is in the office) of my initial appointment at Premier Family Medicine, so I need to plan ahead for my immigration physical appointment if I need my Form I-693 by a certain day.
- If I don't have an interview date with USCIS yet, I need to let the receptionist know so she can reschedule my appointment or cancel my appointment. I will need to call Premier Family Medicine as soon as I know when my interview is and plan to come in for the physical within a reasonable time frame (about 1 month before interview).
- If I don't have an interview date yet, I need to keep in mind that the physical (Form I-693) expires in 1 year from the date of submission to USCIS and I'll need to come back for another physical after it is expired as USCIS does not accept expired physicals.
- Paperwork must be picked up and reviewed by me, the applicant, on a Wednesday or Friday when the Doctor is present in the office.
- **I understand that I, the applicant, personally need to come back and sign the paperwork when it is ready to be picked up. The staff member in charge of my paperwork needs to witness my signature in order for it to be handed to me in a sealed envelope. A family member, friend, or spouse CANNOT pick up the form for me, it is against the USCIS regulations and my application will be denied.**

Patient's first and last name (Printed): _____

Patient's Signature: _____

Date of Birth: _____

Today's Date: _____