CareFirst Medical Associates

USCIS I-693 Application Form

2908 Oak Lake Blvd, Suite 205 | Charlotte, NC 28208 | Phone: (704) 496-9032 Option 1 | Email: immigration@carefirstdocs.com

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ Circle: Apt / Ste / Flr _____

City/Town: _____ State: _____ Zip Code: _____

Date of Birth: _____ Circle: Male / Female Age: _____

City, Town, or Village of Birth: _____ Country of Birth: _____

Alien Registration Number: A-_____ USCIS Online Acccount Number: _____

Telephone: _____ **NUMBERS ONLY** Mobile Number: _____

Email: _____

Identification Document (ex. Passport, Driver's License, Employment ID, etc.): _____

Identification Document Number: _____

Preferred Pharmacy and address: _____

_____

Is listed address above the shipping address?

Yes **No**

Are you able to read and understand English? Yes or No

Preferred Language: _____

Do you need an interpreter?

Yes or No

Interpreter's Name: _____ Interpreter's Email: _____

Interpreter's Address: _____ Interpreter's Phone Number: _____

_____

List all the current medications you are taking or have taken in the past to treat chronic medical conditions:

_____

_____

_____

Check all of medical conditions listed below that apply to your health:

- Hypertension
- Diabetes Mellitus
- Hypercholesterolemia
- Hypothyroidism
- Hyperthyroidism
- Autoimmune Disease
- COPD/ Emphysema
- Peptic Ulcer Disease
- Neurologic Disorder
- Anxiety
- Depression
- Prediabetes
- Asthma
- Arthritis
- Anemia
- Migraines
- Seizures
- Dementia
- Heart Disease
- Acid Reflux
- Bipolar Disorder
- Substance Abuse
- GI Disorder
- Cancer
- HIV / AIDS
- Vascular Disease
- Hepatitis

Other Diseases: _____

Do Not Type This Form in All Capital Letters. Use Standard Format: Capitalize the First Letter Only