



## Virginia Gateway Urgent Care Center

7516 Iron Bar Lane  
Gainesville, VA 20155

Tel: (703) 754-9111  
Fax: (703) 754-1211

Name: \_\_\_\_\_  
Last Name, First name City and Country of Birth

### INS QUESTIONNAIRE

**Circle the correct response that applies to you**

1. Have you ever had TB (Tuberculosis) disease in the past? Yes/No
2. Have you ever had positive skin test results (PPD) for Tuberculosis screen? Yes/No
3. Have you ever had the BCG vaccine (shot) to prevent TB disease? Yes/No
4. Did you ever have-
  - Alcohol Abuse or Dependence Yes/No
  - Drug Abuse or Addiction Yes/No
  - Leprosy Yes/No
  - Mental Disease Yes/No
  - Mental Retardation Yes/No
  - Psychopathic personality Yes/No
  - Sexual deviation Yes/No
  - Sexually Transmitted Disease Yes/No
  - Syphilis Yes/No

If the answer to any of the above is yes, please explain below:

\_\_\_\_\_

5. Have you ever been hospitalized? Yes/No  
If yes, please explain \_\_\_\_\_
6. Do you have records of your immunizations? Yes/No
7. Do you have any past history of medical problems? Yes/No  
If yes, are you still experiencing these problems? Yes/No
9. Have you ever had Chickenpox or Shingles disease? Yes/No
10. Have you ever had an alcohol related arrest or conviction within the last 5 years, or two or more arrests or convictions within the last 10 years? Yes/No

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_