

MAGNESS IMMIGRATION SERVICE

CLIENT INFORMATION

Date: _____

Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Age: _____ Sex: M F

Address: _____
(Street) (City) (State) (Zip Code)

E-Mail: _____ Phone: (w) _____
(c) _____

Country of Origin: _____

Please circle the following response:

TB Contacts	Y	N
Mental Issues	Y	N
Legal Issues	Y	N
Driver's License	Y	N
Passport	Y	N
Speak English	Y	N
First INS Exam	Y	N
First Visit Here	Y	N
Alcohol Use	Y	N
History of Illegal Drug Use	Y	N
History of Varicella (chicken pox)	Y	N

Office use only:

Pick up Date: _____

Time: _____