

TO BE FILLED OUT BY THE SENIOR OR JUNIOR CLINICIAN:

Name: \_\_\_\_\_ Called an interpreter? Yes \_\_\_ No \_\_\_  
MRN: \_\_\_\_\_ If yes, what language? \_\_\_\_\_  
Date: \_\_\_\_\_ Filled out by: Patient \_\_\_\_\_  
Clinician \_\_\_\_\_

People leave their home country for many reasons. One of these reasons might to escape violence or torture in that country. These people may be eligible to apply for asylum, a process that allows them to gain legal status in the US. We hope to ask you a few questions to 1) ensure you receive better patient care, and 2) to see if you might be eligible for asylum. All answers are confidential and will not risk your immigration status.

Please fill out the following questions:

1. In what country were you born?
  
2. What made you leave that country?
  
3. Were you ever a victim of violence or abuse (verbal, sexual, physical) there?  
Yes                      No

If yes:

- a. Was it because of your religion, race, political beliefs, nationality, or because you were considered a part of a social group (e.g. an ethnic group or a group based on sexual identity or gender)?  
Yes                      No
- b. Did you have any problems or face violence from anyone working for the government, military, police, or any other organization?  
Yes                      No
- c. Have you ever applied for asylum before?  
Yes                      No

**Thank you for your time! Please give this back to your student clinician or to the clinic manager when you check-out.**

Student Clinician: Once filled out, please put in folder labeled "ASYLUM SCREENING" in the clear box with the clinic manager.