Welcome to Advance Urgent Care!

Today's Date_____/_____/_____ **Patient Gender** _____Male _____Female

Form completed by _____Self _____ Parent/Guardian _____Spouse _____Other

HOW DID YOU HEAR ABOUT US?

Please circle one: Family Friend Mailer Internet Signage Work Other_____

Patient Information

Patient_____
Last Name First Name Middle Initial

SS# (Age 18 and up) _____ **Date of Birth**_____

Permanent Mailing Address_____
Number & Street City State Zip

Home Phone_____**Cell Phone**_____

Marital Status: (Please circle one) Single Married Widow Divorced

Emergency Contact_____ Emergency Contact Phone_____

Physician Name_____ **Office Phone** _____

Authorize release of records to physician if needed (please circle) YES NO _____Initials

Insurance Information (NOT on the CARD) – MUST BE FILLED OUT!

Primary Insurance_____ Secondary Insurance_____

Subscribers Name_____ **Subscribers Name**_____

Date of Birth_____ **Date of Birth**_____

Relationship to Patient_____ **Relationship to Patient**_____

Subscribers SS# (*if patient is a minor)*_____

Subscribers Phone Number (*if different from above***)** _____

Subscriber Address (*if different from above***)**_____

THIS FORM IS FRONT AND BACK

Health History

Reason for Today's Visit: _____

DRUG ALLERGIES: _____

PLEASE ANSWER ALL QUESTIONS, PUT NONE IF NOT APPLICABLE:

Chronic Medical Problems	Previous Surgeries	Medication

			Quantity	
Smoker	**YES**	**NO**	*(ex: 1 pack/day)*	If former smoker, what year did you quit?
Alcohol	**YES**	**NO**	*(ex: 2-3 drinks/week)*	
Drugs	**YES**	**NO**	*(ex: THC)*	

Any Family History of the following?: (check if yes)

Diabetes____ High BP____

Heart Attack____ High Cholesterol____

Cancer____ Other?_____

Females Only:

Are you pregnant: **YES** **NO** **N/A**

When was your last menstrual cycle:_____

Dear Patient,

The staff of Advance Urgent Care & Walk-In Clinic provides professional health services. Due to many changes in insurance policy, it is no longer an easy task to interpret each individual policy. Although we try to stay aware of these changes, it is not always possible. It is your responsibility to know your individual coverage. A charge of $35.00 will be applied to any account that is sent to collections. A $40.00 fee will be incurred for any returned checks. **Please remember your insurance policy is between you and your company and not with the Physician**. For **Work-related injuries**, if your employer or the Workman's insurance does not pay, you the patient will be responsible for any charges incurred. By signing below, you hereby authorize your insurance benefits to be paid directly to Advance Urgent Care & the on-staff physicians, realizing that you are responsible to pay non-covered services, and you hereby authorize the release of pertinent medical information to the insurance carriers.

RECEIPT OF HIPAA (Health Insurance Portability and Accountability Act) PRIVACY NOTICE

Advance Urgent Care is committed to maintaining the integrity of your protected health information and complies with all applicable state and federal regulations. In support of our policy of complying with all applicable regulations, Advance Urgent Care provides patients with the HIPAA Notice of Privacy Rights. I acknowledge receipt of the Notice of Privacy Rights with detailed information about how Advance Urgent Care may use and disclose my protected health information with my permission. I understand that Advance Urgent Care reserves the right to change the privacy notice and that a copy of the revised notice will be made available to me. While not required in order to receive treatment at Advance Urgent Care, we are obliged under federal regulations to ask that you sign an acknowledgement of the HIPAA Privacy Notice being made available to you. (Refusal to sign does NOT prevent the patient from being treated)

Whom else do you give permission to release/access your medical records to: (ex: spouse, parent(s), friends, etc)

(*print full name of authorized designee*)_____

Signature of Patient or Parent/Guardian _____ **Date:** _____

Front Desk Signature: _____ Date: _____

