

Welcome!

Please fill out this one page intake form.

PATIENT INFORMATION

Name: _____ Gender: M F DOB: _____

Is the patient under 18? Y N If **yes**, which legal parent or guardian are you? _____

Best contact #: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency contact name: _____ Phone #: _____

To improve our marketing who should we thank for referring you?

- Free Antibiotics Billboard Doctor/Pharmacy Online Search
 Flags outside Reviews Marie (Marketing Rep) Apartment/Travel Park
 Employer _____ Friends and Family _____

MEDICAL RECORDS

***Required, please write your email to access your electronic medical records:**

Email: _____

***Optional; you may fill out a medical release listing those we may speak to about your medical treatment. Form attached.**

REASON FOR YOUR VISIT

Please list your health concern: _____

 Worker's Comp Auto Accident Currently pregnant? How far along? _____

ASSIGNMENT AND RELEASE

I hereby authorize payment directly to Doctors Urgent Care for all insurance benefits otherwise payable to me for services rendered. I understand that I am financially responsible for all charges, whether or not paid by insurance, and for all services rendered on my behalf or my dependents.

Fees incurred in Collection or Litigation of any unpaid balances will become the responsibility of the patient or guarantor. I irrevocably assign my benefits to Doctor's Urgent Care including the right to sue my insurance company for denials or reductions. I authorize the above medical provider to release the information required to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature of Responsible Party: _____ **Date:** _____

NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of Doctors Urgent Care's HIPAA form: "Notice of Privacy Practices" which has been updated.

Signature: _____ **Date:** _____

OR

I refuse to sign this because: _____