



**PLEASE PRINT CLEARLY
and FOLLOW INSTRUCTIONS
on FRONT & BACK of FORM**

**ALL PATIENTS MUST COMPLETE ALL LINES FROM HERE TO THE BOLD LINE.
When you have completed this portion, please have your DRIVER'S LICENSE and
INSURANCE CARD out and return to the Check-in window.**

PATIENT NAME _____ Home Phone: _____
FIRST MIDDLE LAST
Mailing Address: _____ Cell Phone: _____
City _____ ST _____ Date of Birth _____
ZIP CODE + FOUR
Male Female SSN _____ - _____ - _____ E-mail _____
Employer: _____ Work Phone: _____

MARITAL STATUS: SINGLE WIDOWED MARRIED (If married, complete the following: Insurance Purposes)

Spouse Name _____ Date of Birth _____ SSN _____ - _____ - _____
Phone: _____ Spouse's Employer _____ Phone: _____

IN CASE OF EMERGENCY CONTACT: SPOUSE PARTNER OTHER _____ (RELATIONSHIP)

NAME: _____ PH # _____ ALT. # _____

PRIMARY INSURANCE COMPANY: _____
Insured: Same Information as Patient listed above. Same Information as Spouse listed above.

SECONDARY INSURANCE COMPANY: _____
Insured: Same Information as Patient listed above. Same Information as Spouse listed above.

Primary Doctor (Name or Clinic): _____ DO NOT HAVE ONE.

AUTHORIZATION TO RELEASE INFORMATION: My medical information can be given to the following:

NAME: _____ RELATIONSHIP TO PATIENT: _____
HOME PHONE: _____ CELL PHONE: _____
NAME: _____ RELATIONSHIP TO PATIENT: _____
HOME PHONE: _____ CELL PHONE: _____
NAME: _____ RELATIONSHIP TO PATIENT: _____
HOME PHONE: _____ CELL PHONE: _____

You Must Sign: I have read (now or previously) the UrgentMed "Patient Consent and Charge" information sheet and hereby certify that I understand it's contents. This signature also covers HIPPA Consent regulations and requirements.

X _____
Patient or Legal Guardian - Please Print Name then Sign Name
Legal Guardian - Social Security # and Relationship to Patient

