

**Reason for Visit:** \_\_\_\_\_

**Patient Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male/Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Guarantor for Minor: Authorization to treat minor**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male/Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Insurance Information**

Name of Primary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Secondary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Primary Care Physician**

Name of Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Location: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Emergency Contact**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Consent for Treatment**

I consent to the performance of all routine medical care and treatment (e.g. tests, therapy, medical treatment or procedures, etc.) which may be performed as deemed necessary by and under the general and special instructions of the physician and/or authorized health care providers of Elk Grove Urgent Care.

**Release of Information**

I agree that, to the extent necessary to determine liability for payment and to obtain reimbursement, or as otherwise permitted or required by law, Elk Grove Urgent Care may disclose any portion of my/the patient's medical records including but not limited to, information about patient's diagnosis and/or treatment relating to medical, mental health, developmental disability, and/or substance abuse treatment to any government agency or corporation including, but not limited to, insurance companies, employers, or health service plans to ensure coordination of my/the patient's ongoing care and treatment. I also release any medical information to the patient's primary care physician or any consulting physicians or health care providers participating in my/the patient's care.

**Privacy Notice: HIPAA**

By signing this section, you acknowledge understanding of the above Notice of Privacy Practices of Elk Grove Urgent Care provides and information about how we may use or disclose your protected health information. We encourage you read it fully.

**Print name of Patient:** \_\_\_\_\_

**Print name of Person signing below:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Signature of Patient or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorization**

The undersigned certifies that he/she has read the information noted above and has been given the opportunity to have questions answered fully regarding the above information and to his/her satisfaction, and has the option to receive a copy of this agreement upon request. The undersigned further certifies that he/she is 1) the patient 2) the patient's legal representative or 3) is duly authorized by the patient as the patient's general agent to execute the above and accepts its terms.

**Print name of Person signing below:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Signature of Patient or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**How did you hear about Elk Grove Urgent Care?**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Monument Sign   | <input type="checkbox"/> Google/Yahoo Search | <input type="checkbox"/> Yellow pages     | <input type="checkbox"/> Land Park News |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Pocket Newspaper    | <input type="checkbox"/> Doctor/Insurance | <input type="checkbox"/> Other          |