

# Urgent Care New Patient Information Sheet

## Patient Information

First Name

Last Name

Date of Birth

Gender

Address

City

State

ZIP Code

Phone Number

Email

## Insurance Information

Primary Insurance

Member ID

Group Number

Policy Holder Name

Relationship to Patient

## Emergency Contact

Name

Phone

Relationship

## Reason for Visit

## Medical History

☐

Allergies

☐

Asthma

☐

Diabetes

☐

Hypertension

☐

Heart Condition

☐

None

Other (please specify)