

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Reason For Visit: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Marital Status:**  Married  Single  Divorced  Widowed  Separated **Race:**  Black  White  Asian  Other  
**Ethnicity:**  Hispanic or Latino  Non-Hispanic or Latino

Employer \_\_\_\_\_ Employer Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

**NOTIFICATION OF FAMILY AND FRIENDS**

I hereby authorize Jupiter Medical Center Urgent Care to discuss my health information with the following persons:

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_
2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**NOTIFICATION OF PHYSICIANS**

I hereby authorize Jupiter Medical Center Urgent Care to disclose my health information to the following physicians.

*Please note, if you would like your notes sent to your primary care physician, please include their names below.*

**(Name, Phone Number & Fax, if available)**

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_
2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**PHARMACY INFORMATION- If you are prescribed any medications from us, where would you like us to send it?**

Pharmacy Name: \_\_\_\_\_ Address/Location: \_\_\_\_\_

If you did not seek care here, where would you have gone? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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Patient/Guardian Signature

Date