

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? _____

Patient/Guardian Signature

Date