

PATIENT REGISTRATION FORM

New Patient **Established Patient**

PATIENT NAME:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:		Race:	
Social Security # <i>(optional)</i> :		Ethnicity:	
Mailing Address:		Local Address:	
<i>Circle One:</i> Apt., Unit, Bldg., Lot, Suite	#:	<i>Circle One:</i> Apt., Unit, Bldg., Lot, Suite	#:
City:	State:	Zip:	
Home Phone #:		Cellular/Mobile Phone #:	
Email Address:			

REASON FOR VISIT:

- | | | |
|---|------------|-----------|
| • Is this a Work Related Injury? (circle one): | Yes | No |
|---|------------|-----------|
- | | | |
|--|------------|-----------|
| • If yes, have you notified or do you plan to notify your Employer? (circle one): | Yes | No |
|--|------------|-----------|

How did you hear about us? *(select one):*

- | | | |
|--|---|---|
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Email | <input type="checkbox"/> Facility Signage |
| <input type="checkbox"/> Family/Friend/Word of Mouth | <input type="checkbox"/> Phone Book/Yellow Pages | <input type="checkbox"/> Location |
| <input type="checkbox"/> Internet/Online Search: _____ | <input type="checkbox"/> Print Advertising: _____ | <input type="checkbox"/> Radio: _____ |
| <input type="checkbox"/> School/Daycare: _____ | <input type="checkbox"/> Employer: _____ | |
| <input type="checkbox"/> Community Event: _____ | <input type="checkbox"/> Hotel: _____ | |
| <input type="checkbox"/> Physician Referral: _____ | <input type="checkbox"/> Pharmacy: _____ | |
| <input type="checkbox"/> Apartment Complex: _____ | <input type="checkbox"/> Insurance: _____ | |

INSURANCE DETAILS

Primary Insurance Company:		Copay/Coins/Ded Amount:	
ID/Policy #:		Group #:	
Subscriber Name <i>(if applicable)</i> :		SSN:	Date of Birth:
Subscriber's Address <i>(if applicable)</i> :		Relationship:	
Secondary Insurance Company:		ID/Policy #:	Group #:

Parent/Legal Guardian of Minor or Incapacitated Adult ONLY

Name:		Date of Birth:	
Relationship:		Contact #:	

SIGNATURE

Signature	Date
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Thank you for choosing NextCare Urgent Care.

Your satisfaction is important to us! Please leave your email address in the space provided and we will send you a survey about your visit today.