



PATIENT INFORMATION

Please fill out:

Name: _____

Date: _____

1. Have you been to our weekend Walk-In Clinic, our Emergency Room, or seen by one of our local physicians within the last three years? Yes No

2. Present complaint:

3. Have you traveled out of the country or have you had contact with anyone who has traveled out of the country recently? Yes No

4. Other medical problems for which you are being treated: (ex: high blood pressure, diabetes):

5. Medications (Including herbal medications and any non-prescription medications you are taking):

6. Allergies:

7. Major surgeries:

NOTE: Additional charges may apply over and above the physician charge such as drugs, supplies, or tests based upon the care you receive. You are responsible for charges not covered by insurance.

Patient Signature: _____