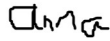


Urgent Care Form

Patient Information			
Name:	Anna Turner	Date of Birth:	April 15, 2017
Address:	1234 Royal Street, Enfield 19895		
Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Other:		
Email:	N/A	Contact #:	555 123 4567
Emergency Contact Name:	Sarah Turner		
Emergency Contact #:	555 123 4567	Relationship:	Mother
Reason for Visit:			
Experiencing high fever, persistent cough, and difficulty breathing for the past 48 hours. Symptoms have worsened, showing signs of a possible severe respiratory infection.			
Known Allergies:		Current Medications:	
Peanuts, bee stings		Inhaler for asthma	
Chronic Conditions or Ongoing Treatment		Previous Surgeries / Hospitalizations	
Asthma (mild)		None	
Responsible Party / Guardian Information (if under 18 or dependent)			
Name of Parent / Guardian:			
Sarah Turner			
Relationship to Patient:			
Mother			
Address:	Same as patient		
Email:	s.turner@email.com	Contact #:	555 123 4567

Patient Insurance Information	
Insurance Provider:	Policy Number:
HealthFirst Insurance	HF123456
Policyholder's Name:	Group Number:
Sarah Turner	GH987654
Consent for Treatment	
<ul style="list-style-type: none"> • I consent to receive medical treatment and understand that I am responsible for any charges not covered by insurance. • I authorize the release of medical information necessary for insurance claims and understand that my information will be kept confidential. 	



Patient Signature



Responsible Party's Signature