



WELCOME

Thank you for trusting us with your urgent care needs. We promise to do our best to provide you with the finest care available. If you have any questions please do not hesitate to ask us.

Date: _____

Office Use Only	
ID # _____	Amount Pd \$ _____
Entered/Collected By _____	

PATIENT INFORMATION

Reason for today's visit _____

If this is a return visit within 30 days, please state a reason _____

Last Name _____ First Name _____ MI _____ Birthdate _____

SS# _____ E-mail address _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Gender M__ F__ Marital Status M__ S__ D__ W__ Other _____ Driver's License _____

Primary Care Physician Name _____ Phone Number _____

Parent/Guardian (if minor) _____

Employer _____ Phone # _____

Employer Address _____

How Did You Hear About Us? Direct Mail__ Internet__ Referral__ Family/Friend__ Phone Book__ Newspaper__
Driving By__ Other_____

PATIENT INSURANCE INFORMATION

Primary Insurance _____

Policy # _____

Group # _____

Policy Holder's Name _____

Relationship to Patient _____

Address if different than Patient's _____

Employer and Address _____

Secondary Insurance _____

Policy # _____

Group # _____

Policy Holder's Name _____

Relationship to Patient _____

I have read and answered the above questions to the best of my knowledge. I will not hold Velocity Urgent Care or its partners and employees responsible for any errors or omissions that I may have made in completing this form.

Signature of patient or parent/guardian if minor

Date

If this is a return visit within 30 days for any reason, please sign again below:

Signature of patient or parent/guardian if minor

Date

