Bluegrass Urgent Care

Patient Name_____

Street Address_____Apt_____

City_____ State_____ Zip Code_____

Date of Birth _____Gender: M or F

Social Security Number _____

Home Phone _____Cell_____

Email Address_____

Emergency Contact Name, Phone Number and Address (if different from Patient)

_____

Pharmacy Address and Phone Number_____

Insurance Company_____

Insurance ID_____

Group Number_____

Card Holders Name_____Employer_____

Card Holders Date of Birth_____Social Security Number_____

How did you hear about our facility? _____

Bluegrass Urgent Care

Reason for being seen_____

Symptoms_____

_____

For how long_____

Medication Allergies/Reaction_____

Past Medical History_____

Significant Family History_____

Past Surgical History_____

Current Medications/Dosage_____

_____

Pain Level (0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10)

Last Menstrual Period_____

Adult Patients

Tetanus shot up to date? (Yes or No)

Smoke? (Yes, No, Social, Former)

Drug Usage? (Yes, No, Social, Former)

Alcohol? (Yes, No, Social, Former)

Employed? (Yes or No)

Child Questions

Vaccinations up to date? (Yes or No)

Smoking family? (Yes or No)

In school or daycare? (Yes or No)