All Children's Urgent Care

Please complete the entire registration form – front and back

Patient Registration

Last Name: ____________________ First Name: ____________________ MI: _____ DOB: ___/___/_____ Male / Female

Ethnicity: Hispanic/Non-Hispanic [CIRCLE ONE] Race: African American/Asian/Caucasian/Hawaiian [CIRCLE ONE]

Address: ________________________________ Apt # ______ City: ______________ State: ________ Zip: _________

NO PO BOXES

Pediatrician: ________________________________ Phone: (____) ____________________

**Please initial if you would you like today's records to be faxed to the above PCP: ____________________

Preferred Pharmacy: __________________ City: ________________ Phone: (____) ____________________

Reason for today's visit: ____

Other Children Information

Last Name: ____________________ First: ____________________ M: ________ DOB: ___/___/_____ Male / Female

Last Name: ____________________ First: ____________________ M: ________ DOB: ___/___/_____ Male / Female

Last Name: ____________________ First: ____________________ M: ________ DOB: ___/___/_____ Male / Female

Parent Information

Mother's Name: ____________________________________ Mobile Phone: (____) ____________________

Address, if different: ____ DOB: ___/___/_____

Occupation: ______________________________________ Employer: ______________________________________

Email: ____

Father's Name: ____________________________________ Mobile Phone: (____) ____________________

Address, if different: ____ DOB: ___/___/_____

Occupation: ______________________________________ Employer: ______________________________________

Email: ____

Insured's Social Security # ______-________-________

Emergency Contact (other than parents)

Name: ____________________ Relationship: __________________ Phone: (____) ____________________

Please list non-guardians authorized to bring patient to All Children's Urgent Care for medical treatment:

Name: ____________________ Relationship: __________________ Phone: (____) ____________________

Name: ____________________ Relationship: __________________ Phone: (____) ____________________

______________________________________ ______________________________

Signature of Legal Guardian Date