FAMILY MEDICAL
Walk In Primary Care

New Patient/Updated

Employee Initials_____

Patient Registration

Date: _____

First Name: _____Middle Initial: _____

Last Name: _____Date of Birth:_____

Social Security#: _____Gender: M F Race: _____

Home Address:_____Phone #_____

City, State and Zip: _____

Mailing Address (If different):_____

City, State and Zip:_____

Do you have a Living Will or Advance Directive? YES or NO

Insurance Information

Primary Insurance:_____

ID#:_____Group #: _____

Policy Holder Name: _____Date of Birth: _____

Secondary Insurance: _____

ID#: _____ Group #: _____

Policy Holder Name:_____Date of Birth:_____

When *completed, please return to the front desk before continuing to the next page.*

*Family Medical Walk-In is not an Urgent care, we will not collect your Urgent Care Co-Pay. We are a Walk-In, family practice office with same day appointments available for our patients.

Email: _____

Marital Status: Single - Married - Widowed – Divorced - Other

Employment Status: Employed - Unemployed - Retired - Student Other

Emergency Contact Name: _____

Relationship:_____

Emergency Contact # (Must be different): _____

Can we leave a message? Yes_____No_____

Can we leave a message with a family member or relative? Yes_____No_____

Reason for Visit: _____

Pharmacy of Choice:_____City:_____

ARE YOU HERE DUE TO AN AUTO ACCIDENT? YES NO

ARE YOU HERE DUE TO WORKMAN' S COMP? YES NO

If Minor, Parent Name: _____

Parent Phone #: _____Parent Social Security#: _____

I Authorize Family Medical Walk-In to provide treatment to the above patient.

I authorize the release of medical records necessary to process Insurance Claims.

I am responsible to pay for services received, regardless of Insurance coverage.

I authorize the release of Correspondence and/or Medical Records to other medical providers involved in my care of child's care.

I have read and under the Financial Policy.

BY SIGNING BELOW, I, THE PATIENT ACKNOWLEDGES HAVING READ THE PRIVACY POLICIES IN THE WAITING ROOM. (Copy of policy available upon request.)

SIGNATURE: _____DATE: _____