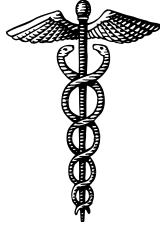


****Please complete all sections of paperwork****



*Prompt Care, Inc.
1468 Ritter Drive
Daniels, WV 25832*

Type of visit:

- Insurance
- Self-pay
- Other

Today's date: ___ / ___ / ___

PATIENT INFORMATION

Patient name: _____

Sex: M or F **Date of birth:** ___ / ___ / ___ **SS#** _____

Marital status: ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed

Mailing address: _____

City, State, ZIP: _____

Phone number: (primary) _____ **(alternate)** _____

May we leave a message regarding your care on your primary phone number? **Y or N**

Patient Demographic information

Preferred language

- English
- Spanish
- Other: _____

Race and Ethnicity

- White / Caucasian
- African American
- Hispanic / Latino
- Native American
- Asian
- Other: _____

Patient Occupation: _____ **Employer:** _____

Employer address: _____

Employer phone number: _____

****Please complete all sections of paperwork****

Reason for today's visit:

List all medications and doses, including vitamins:

List all known allergies and specific reactions:

List any additional conditions that you would like to discuss with your physician today:

Please complete all sections of paperwork

PARENT OR GUARANTOR'S INFORMATION

(Complete with name of insured if patient is not responsible for his or her charges today.)

Name (Last, First Middle): _____
Sex: M or F Date of birth: ___ / ___ / _____ SS# _____
Street address: _____
City, State, ZIP: _____ Phone number: _____
Employer: _____

INSURANCE INFORMATION

Carrier: _____
Subscriber ID: _____ Group #: _____
Policy holder name: _____
Policy holder birthdate: ___ / ___ / _____ Policy holder SS#: _____

PRIMARY CARE PHYSICIAN

Name: _____
Address: _____
Phone number: _____ Fax: _____

EMERGENCY CONTACT

Name: _____ Relation: _____
Phone number: _____

****Please complete all sections of paperwork****