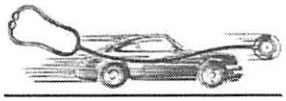

Patient Visit Sheet

EXPRESS LANE
URGENT CARE

Date: ____/_____/ 2021 Time: _____

Fill out completely please

Clerk:_____

Patients Name:
Sex: M / F Patients Date of Birth: / / Age: Previous Patient: Y/N
Subscriber Name: (Name of PERSON Ins. is through) Subscriber Birth Date: / /
Patients or Subscriber's Social Security # (For Ins. purpose):
Is any part of your health care coverage provided by Medi-cal? Yes No Home Phone:
Mailing Address: Apt. Cell Phone :
City: CA/ Zip:
Email: Can we email results: Yes/No
Primary Insurance: Secondary Insurance Yes/No :
Reason for Visit/Symptoms: Breast Feeding:Y/N Pregnant: Y/N
Current Medications:
Drug Allergies:
Have you traveled outside of the US in the last month? Yes/No Country:

Consent to Medical treatment & surgical procedures:
The undersigned consents to the treatment and procedures that may be performed during this clinic visit including: treatment or services, which may include but are not limited to, laboratory procedures, medical or surgical treatment or procedures, anesthesia or medical services rendered to patient under the general and special instructions of the physician or his designee. Signature below also verifies receipt of the HIPPA privacy policy.
I understand that payment, or any applicable copayment, for today's visit is due at time of visit. I understand that I am responsible for any charges not covered by my insurance provider. If uninsured I agree to the pay basic price plus any additional procedures or medications

X_____ _____
Patient or Patient's Representative Date

.....

Vitals: BP: _____/_____T: _____O/R/TM P:_____R: ____Sat:____% *MA*_____ Time:_____
Time:_____Vitals: BP: _____/_____ T: _____ P: _____ R: _____ Sat:_____%
Notes: HT: _____ WT: _____kg

_____

_____

_____

DX/RX:_____
Preliminary Xray reading:_____ COVID Precautions taken-Extra sterilizing, PPE

_____
Provider Signature