

Welcome to Ozark Urgent Care

Patient Name: _____ **Date:** _____
Date of Birth: _____ **Time:** _____
Telephone # _____

Yes, I have read the HIPPA Privacy Statement posted in the office.

Reason for Visit: _____

How long has the problem been going on? Today Yesterday 2 days ago Other: _____

Other symptoms/problems: _____

Is anybody at home sick as well? Yes No

Have you seen a Doctor recently? Yes No When: _____

Other Medical History? _____

Current Medications: _____

Allergic to any medicine? Yes No If yes, explain: _____

Immunizations Up to Date? Yes No

Do you need a note for work? Yes No

Do you need a copy of your visit to self-file with Insurance? Yes No

How did you hear about us? _____

Doctor's Section

Fee : _____ Payment Method: _____

Labs	Results

Resps	Temp.	Pulse Ox	B/P	Pulse	Weight
HPI:					
PE:					
A/P					