

\*Please provide our office staff with your insurance card and photo ID so that we may scan into our system.

Patient Name:	Sex	k: Dat	e of Birth:			
Home Address:						
		City	State	Zip		
Home Number:	Work Number:		Cell Number:			
Social Security Number:	Employ	yer:				
Marital Status:	Email Address:					
Pharmacy Name:		_ Location: _				
How did you hear about Commun	ity Quick Care?					
	INSURANCE INFOR	MATION				
Primary Insurance Company:	ID #:		Group #:			
Subscriber's Name:		Subscri	ber's DOB:			
Second Insurance Company:	ID #:		Group #:			
Subscriber's Name:	Subscriber's DOB:					
	VERBAL CONS	ENT				
These individuals may receive	e verbal information about my	chart or speak	to our office staff on	my behalf:		
Name:			-			
Name:	Date of Birth: _		Relationship:			
	EMERGENCY CO	NTACT				
Name:	Relationship:	Phone:				
Home Address:						
Variable for a distance distance		City	State	Zip		
Your signature on this form authorized us releases of medical records require additi appointment, your signature on this form regulations (if requested), and you are giv	onal authorization. Should our office gives us that permission. Your signa	have a need to le ture also indicate	eave a message on your co s that you have received a	ell concerning you		
PATIENT'S SIGNATURE			DATE			

Patient Name:			
Date of Birth://		Age:	M/F
Medications			
ease list all medications below:			
lame of medication	Dosage	Frequency	Reason for Medication
Seneral			
o you consider yourself to be in good health o you have a serious illness or medical con ave you had any serious injuries or acciden	dition? Yes _ nts? Yes	No Explain: No Explain:	
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	Adult Histo	ory Q	uestionnaire Cor	nt:	
Patient Name:					
Birth Date:/			Age:		M/F
Past History					
rast History					
<b>Do you have, or ever had:</b> Chickenpox	Voo	No	Whon		
Frequent ear infections	Yes Yes	No No	Explain		
Problems with ears or hearing	Yes	No	Explain		
Nasal allergies Problems with eyes or vision	Yes Yes	No No	Explain		
Asthma, bronchitis, or pneumonia	Yes	No	Explain		
Any heart problem or heart murmur	Yes	No	Explain		
Anemia or bleeding problem	Yes	No	Explain		
Blood transfusion Frequent abdominal pain	Yes Yes	No No			
Constipation requiring doctors visits	Yes	No	Explain		
Bladder or kidney infection	Yes	No	Explain		
Any chronic or recurrent skin problem acne, eczema, etc.)	Yes	No	Explain		
Frequent headaches	Yes	No	Explain		
Convulsions or other neurologic problem	Yes	No	Explain		
Diabetes Fhyroid or other endocrine problem	Yes Yes	No No	Explain		
Any other significant problem	Yes	No	Explain		
Use of alcohol or drugs	Yes	No	Explain		
	Please circle		Social History r each family member	•	
	Please circle		r each family member	•	
Father	Please circle Alive		r each family member	Unknown	
Mother	Alive Alive		r each family member  Deceased  Deceased	Unknown Unknown	
- 4	Alive		r each family member	Unknown	N/A
Mother	Alive Alive Alive	one fo	r each family member  Deceased  Deceased	Unknown Unknown	N/A
Mother	Alive Alive Alive	one fo	r each family member  Deceased  Deceased  Deceased	Unknown Unknown	N/A
Mother	Alive Alive Alive	one fo	r each family member  Deceased  Deceased  Deceased	Unknown Unknown	N/A Spring Water
Mother Siblings	Alive Alive Alive Please	one fo	r each family member  Deceased  Deceased  Deceased  only one per line:	Unknown Unknown Unknown Well water	
Mother Siblings  Water in home	Alive Alive Alive Please	one fo	r each family member  Deceased  Deceased  Deceased  only one per line:  City Water	Unknown Unknown Unknown Well water	Spring Water
Mother Siblings  Water in home Smoking	Alive Alive Alive Please  Bottled water Yes Mobile home Indoors	one fo	Deceased Deceased Deceased Deceased Only one per line: City Water No	Unknown Unknown Unknown Well water Details:	Spring Water
Mother Siblings  Water in home Smoking Home Type Pets at Home Home Heat type	Alive Alive Alive Alive Please  Bottled water Yes Mobile home Indoors Forced Air	one fo	Deceased Deceased Deceased Deceased Only one per line: City Water No Apartment Outdoors Baseboards	Unknown Unknown Unknown Well water Details: House	Spring Water
Mother Siblings  Water in home Smoking Home Type Pets at Home Home Heat type Home Mold/Mildew	Alive Alive Alive Alive Please  Bottled water Yes Mobile home Indoors Forced Air Yes	one fo	Deceased Deceased Deceased Deceased Only one per line:  City Water No Apartment Outdoors Baseboards No	Unknown Unknown Unknown  Well water Details: House None at Home	Spring Water Duplex
Mother Siblings  Water in home Smoking Home Type Pets at Home Home Heat type Home Mold/Mildew Alcohol/ Drugs	Alive Alive Alive Alive Please  Bottled water Yes Mobile home Indoors Forced Air Yes Yes	one fo	Deceased Deceased Deceased Deceased Only one per line: City Water No Apartment Outdoors Baseboards No No	Unknown Unknown Unknown  Well water Details: House None at Home	Spring Water
Mother Siblings  Water in home Smoking Home Type Pets at Home Home Heat type Home Mold/Mildew	Alive Alive Alive Alive Please  Bottled water Yes Mobile home Indoors Forced Air Yes	one fo	Deceased Deceased Deceased Deceased Only one per line:  City Water No Apartment Outdoors Baseboards No	Unknown Unknown Unknown  Well water Details: House None at Home	Spring Water Duplex