



Date ____-____-____

Patient Information

Last Name _____ First _____ Middle _____ Male Female

DOB (mm/dd/yyyy) _____ Age _____ Does patient go by a different name (from above)? _____

Address _____ City _____ State _____ Zip _____ Phone _____

Parent Information

Father _____ Mother _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Home Phone _____ Cell Phone _____

IMPORTANT! Do we have permission to leave a message regarding lab results and x-rays? Home Phone Cell Phone Work Phone

Insurance Information

Primary insurance _____ Identification # _____ Group # _____

Policy holder _____ Birthdate ____-____-____ Relation to patient _____

Mailing address _____ City _____ State _____ Zip _____

Secondary/Supplement insurance _____ Id # _____ Group # _____

Policy holder _____ Birthdate ____-____-____ Relation to patient _____

Mailing address _____ City _____ State _____ Zip _____

Medical History

Prescription medications _____

Allergies _____

Primary care provider _____ City _____ State _____

Notice of Privacy Practices Acknowledgment

The Walk-In Health Clinic has a responsibility to protect the privacy of your health care information and to provide a Notice of Privacy Practices that describes how your health care information may be used and disclosed, how you can access your health care information, and whom to contact if you have questions, concerns, or complaints.

We may change the Notice of Privacy Practices at any time, and you may contact the **Office Administrator** at **360-734-2330** to obtain a current copy of the Notice of Privacy Practices or to ask questions.

By my signature below, I agree that I have received the Notice of Privacy Practices of the Walk-In Health Clinic.

Printed name of patient

Patient or legally authorized individual's signature

Date

Printed name if signed on behalf of the patient Relationship (parent, legal guardian, personal representative)

****HOW DID YOU HEAR ABOUT THIS CLINIC: PHONE BOOK INTERNET FRIEND/FAMILY EMPLOYER PHYSICIAN OTHER****