Welcome Back!

Fill out form completely to avoid delays in checking you in

	Today's Date://	Check-	In Time:
atient Name:		Date of Birth:	
ddress:	Apartment/Unit #	<u>City</u>	Zip Code
hone Number:	Email:		
Orug Allergies:			
lew Insurance?		YES	NO
harmacy Name & Phone	Number:		
 Is this for a work-rel 	ated injury?	YES	NO
 Is this visit for a mot 	or vehicle accident?	YES	NO
 Here for COVID Test 	sting?	YES	NO
 Have you been expense. 	osed to anyone COVID positive?	YES	NO
 Will COVID testing I 	pe used for travel?	YES	NO
•	pe used for surgery?	YES	NO
	Welcome Ba		
Fill out forn	n completely to avoid d	elays in ch	
	n completely to avoid d	elays in ch	In Time:
atient Name:	n completely to avoid d	Lelays in check-	In Time:
Patient Name:	n completely to avoid d Today's Date: / /	Check- Date of Birth	In Time: n:Zip Code
Patient Name: ddress: Phone Number:	n completely to avoid d Today's Date: / / Apartment/Unit # Email:	Check- Date of Birth	In Time: n:Zip Code
Patient Name: ddress: Phone Number: Drug Allergies:	n completely to avoid d Today's Date: / /	elays in check Date of Birth	In Time: n: Zip Code
Patient Name: ddress: Phone Number:	n completely to avoid d Today's Date: / / Apartment/Unit # Email:	Check- Date of Birth	In Time: n:Zip Code
Patient Name: Address: Phone Number: Orug Allergies: Iew Insurance?	n completely to avoid d Today's Date: / / Apartment/Unit # Email:	Check- Date of Birth City YES	In Time: n: Zip Code
Patient Name: Iddress: Phone Number: Orug Allergies: Iew Insurance? Pharmacy Name & Phone	Today's Date:Apartment/Unit #Email:	Check- Date of Birth City YES	In Time: I: Zip Code <u>NO</u>
Patient Name: Iddress: Phone Number: Orug Allergies: Iew Insurance? Pharmacy Name & Phone Is this for a work-rel	Today's Date: / / Apartment/Unit # Email: ated injury?	Check- Date of Birth City YES YES	In Time: I: Zip Code <u>NO</u> NO
Patient Name: Inddress: Phone Number: Orug Allergies: Iew Insurance? Pharmacy Name & Phone Is this for a work-rel Is this visit for a mot	n completely to avoid de Today's Date:/	Check- Date of Birth City YES YES YES	In Time: n: Zip Code NO NO
Patient Name: Iddress: Phone Number: Orug Allergies: Iew Insurance? Pharmacy Name & Phone Is this for a work-rel Is this visit for a moto Here for COVID Tes	n completely to avoid de Today's Date:/	Check- Date of Birth City YES YES YES YES YES YES	In Time: Zip Code Zip Code NO NO NO NO NO
Patient Name: Address: Phone Number: Prug Allergies: lew Insurance? Pharmacy Name & Phone Is this for a work-rel Is this visit for a mot Here for COVID Tes Have you been expe	Apartment/Unit # Email: ated injury? cor vehicle accident? sting? osed to anyone COVID positive?	Check- Date of Birth City YES YES YES YES YES YES YES YE	In Time: Zip Code Zip Code NO NO NO NO NO NO
Patient Name: Iddress: Phone Number: Orug Allergies: Iew Insurance? Pharmacy Name & Phone Is this for a work-rel Is this visit for a moto Here for COVID Testo Have you been expension.	Today's Date:	Check- Date of Birth City YES	In Time: Zip Code Zip Code NO NO NO NO NO NO NO NO NO
Patient Name: Iddress: Phone Number: Orug Allergies: Iew Insurance? Pharmacy Name & Phone Is this for a work-rel Is this visit for a moto Here for COVID Testo Have you been expension.	Apartment/Unit # Email: ated injury? cor vehicle accident? sting? osed to anyone COVID positive?	Check- Date of Birth City YES YES YES YES YES YES YES YE	In Time: Zip Code Zip Code NO NO NO NO NO NO
Patient Name:	Today's Date:	Check- Date of Birth City YES YES YES YES YES YES YES YE	In Time: Zip Code Zip Code NO