Surfside URGENT CARE OF LAGUNA BEACH

Welcome Back!

Fill out form completely to avoid delays in checking you in

Today's Date:_____/_____/_____ Check-In Time: _____

Patient Name: _____ Date of Birth:_____

Address: _____ Apartment/Unit #_____

City _____ Zip Code _____

Phone Number: _____ Email: _____

Drug Allergies:

_____

New Insurance? YES NO

Pharmacy Name & Phone Number: _____

- Is this for a work-related injury? YES NO
- Is this a visit for a motor vehicle accident? YES NO
- Here for COVID Testing? YES NO
- Have you been exposed to anyone COVID positive? YES NO
- Will COVID testing be used for travel? YES NO
- Will COVID testing be used for surgery? YES NO

- Are you currently experiencing any of the following symptoms? (Check all that apply)

__Cough __Fever __Body Aches __Nausea/Vomiting __Loss of Smell __Shortness of breath __Headache __Diarrhea __Fatigue __Sore Throat

Reason for today's visit:

_____