

Urgent Care of Wallace COVID-19 Demographics Sheet

For your convenience, you may print and fill out this form in ink prior to your COVID-19 test.

Please have some form of official ID available for copy (driver's license, student ID, passport, etc.)

Patient Registration		
FULL NAME:	SSN:	
DATE OF BIRTH:	GENDER: <input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> SINGLE <input type="radio"/> MARRIED <input type="radio"/> WIDDED
PHYSICAL ADDRESS:	<input type="radio"/> SEPARATED <input type="radio"/> DIVORCED	
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL):		
MOBILE PHONE #:	SECONDARY PHONE #:	
SPOUSE'S NAME:		
SPOUSE'S ADDRESS (IF DIFFERENT FROM PATIENT):		
EMERGENCY CONTACT:	PHONE #:	RELATION:
HEALTH INSURANCE INFORMATION		
NAME OF INSURED PERSON (IF OTHER THAN PATIENT):		PHONE #:
MAILING ADDRESS:		
RELATIONSHIP TO PATIENT		
PRIMARY INSURANCE:	POLICY #:	
SECONDARY INSURANCE:	POLICY #:	
PLEASE ALLOW OFFICE TO COPY ALL HEALTH INSURANCE CARDS MENTIONED ABOVE		
AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF BENEFIT		
<i>I authorize the release of any medical information necessary to process this claim. I permit a copy of this authorization to be used in the place of the original.</i>		
Date:	Signature:	
<i>I certify that the information I have reported with regard to my insurance coverage is correct.</i>		
<i>I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by either me or my insurance company at any time in writing.</i>		
Date:	Signature: (patient, parent, legal rep.)	
ADDITIONAL INFORMATION REQUIRED FOR ELECTRONIC MEDICAL RECORDS		
PATIENT'S E-MAIL ADDRESS:		
PATIENT'S ETHNICITY: <input type="radio"/> Non-Hispanic <input type="radio"/> Hispanic <input type="radio"/> Not Specified		
PREFERRED LANGUAGE: <input type="radio"/> English <input type="radio"/> Spanish		
RACE: <input type="radio"/> African or African American <input type="radio"/> Asian or Asian American <input type="radio"/> Caucasian or European American <input type="radio"/> Native American or Native Alaskan <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Other: (Please specify)		