Registration Form



Ascent Urgent Care

& Walk-In Clinic

Today's Date:	Patient Gender _	Patient GenderMaleFemal		
Form completed by:Self	Parent/Guardian	Parent/GuardianSpouseOther		
HOW DID YOU HEAR ABOUT US? Please circle one: Family Friend	et CITY/LOCATION:	PHARMACY NAME:CITY/LOCATION:		
Patient Information:				
Patient Name				
Last Name	First Name	Mi	ddle Initial	
SS# (Age 18 and up)	Date of Birth	Date of Birth		
Permanent Mailing Address				
1	Number & Street	City	State	
Home Phone	Cell Phone			
Marital Status: (Please circle one): Single				
Email:	Emergency Contact Relati	Emergency Contact Relation:		
		Emergency Contact Phone:		
		Office Phone		
I authorize release of records to above phys	sician if needed (please circle)	YES NO _	Initials	
Insurance Information – MUST BE FILLED O	NITI			
Insurance Information – MUST BE FILLED O				
Primary Insurance	Secondary Insurance _			
Primary Insurance Subscribers Name	Secondary Insurance _ Subscribers Name			
Primary Insurance Subscribers Name Date of Birth	Secondary Insurance _ Subscribers Name Date of Birth			
Primary Insurance Subscribers Name	Secondary Insurance _ Subscribers Name Date of Birth Subscribers Employer			

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Health History PLEASE ANSWER ALL QUESTIONS Reason for Today's Visit:			
Chronic Medical Problems	Previous Surgeri	ies Medication	
		• •	
Smoker YES NO (ex: 1 pack/of Family Health Problems (check if ye Diabetes High I	es) Fema	If former smoker, what year did you quit? ales Only: you pregnant? YES NO N/A	
Stroke/Heart Attack Cance		When was your last menstrual cycle:	
policy, it is no longer an easy task to interpalways possible. It is your responsibility to that is sent to collections. A \$25.00 fee we between you and your company and not insurance does not pay, you the patient we your insurance benefits to be paid directly to pay non-covered services, and you here Receipt of HIPAA (Health Insurance Portal Ascent Urgent Care is committed to materially applicable state and federal regulations. Care provides patients with the HIPAA New detailed information about how Ascent permission. I understand that Ascent Urgerevised notice will be made available to no obliged under federal regulations to ask that to you. (Refusal to sign does NOT preventions)	pret each individual policy. A content will be incurred for any return with the Physician. For World be responsible for any character to Ascent Urgent Care & the reby authorize the release of ability and Accountability Activitatining the integrity of you also be provided in the property of the support of our policy of course of Privacy Rights. I activities of Care may use and gent Care reserves the rightne. While not required in ordinat you sign an acknowledged	hall health services. Due to many changes in insurance although we try to stay aware of these changes, it is not trage. A charge of \$35.00 will be applied to any account need checks. Please remember your insurance policy is ork-related injuries, if your employer or the Workman's arges incurred. By signing below, you hereby authorize to on-staff physicians, realizing that you are responsible of pertinent medical information to the insurance carriers. The Privacy Notice four protected health information and complies with all complying with all applicable regulations, Ascent Urgent knowledge receipt of the Notice of Privacy Rights with disclose my protected health information with my at to change the privacy notice and that a copy of the der to receive treatment at Ascent Urgent Care, we are ment of the HIPAA Privacy Notice being made available	
Whom else do you give permission to ser (Please write full name) Signature of Patient or Parent/Guardia		eted) (ex: spouse, parents, friends, etc).	