Friendly Urgent and Family Care
410 College Road
Greensboro, NC 27410
Voice (336) 218-0994
Fax (336) 218-0997

PATIENT REGISTRATION

PATIENT INFORMATION

Name (Last, First, Middle)____

Date of Birth: ____/____/______ Age:_____ Sex: [] Male []Female Social Security #: ____- ____ - ______

Marital Status: [] Single [] Married [] Divorced [] Widowed Email address:____________________________________

Home Phone: (____) _____-________ Work Phone: (____) _____-_______ Cell Phone: (____) _____- ________

Address:____ City: ____________State: ______ Zip: _________

Chief Complaint/ Reason for today's visit:____ [] Declined

Race: [] American Indian or Alaskan Native [] Asian [] Hawaiian or other Pacific Islander

[] White or Caucasian [] Black or African American []Declined

Ethnicity: []Hispanic or Latino [] Non-Hispanic or Non-Latino []Declined

Preferred Language: [] English []Spanish [] Other ____________________

Primary Physician/Doctor: ____ Contact Phone #: (____) ____-______

Address:____City:___________State: _______ Zip: _______

RESPONSIBLE PARTY INFORMATION

Relationship to the patient: []Self [] Spouse [] Child [] Parent or Guardian [] Other

Name (Last, First, Middle): ____ Sex: [] Male [] Female

Date of Birth:_____/_____/_______ Social Security #:____-___-______ Contact Phone #: (____)____-______

Address: ____ City:________________________ State: _____ Zip: _______

INSURANCE INFORMATION

Insurance Company Name:_________________________________ Policy #: _____________________ Group #:_____________

Policy Holder's Name: ___________________________Date of Birth: ____/___/_____ Contact Phone#: (____)_____-_______

Relationship to Patient: []Self [] Spouse[] Child[] Parent or Guardian Social Security #: _____-_____-_________

EMERGENCY CONTACT

Relationship to patient: [] Spouse [] Child [] Parent or Guardian [] Other ___________________

Name (Last, First, Middle): ____

Home Phone: (____)_____-________ Work Phone: (____)_____-__________ Cell Phone: (____)_____-________

Patient/Parent/Guardian Signature: ____ Date:_________________