Advanced
Medical Center

Advanced Family Practice/Advanced Urgent Care
Existing Registration Form

NAME: ______________________ DATE: ______________________

PATIENT ADDRESS: ______________________ DATE OF BIRTH: ______________________
Street

______________________ TELEPHONE#: ______________________
City, State, Zip

EMAIL: ______________________

INSURANCE: ______________________ MEMBER ID#______________________

SUBSCRIBER: ______________________ SUBSCRIBER DATE OF BIRTH: ______________________

Subscriber ADDRESS: ______________________
(if not patient) City, State, Zip

PHARMACY: ______________________ PRIMARY PHYSICIAN: ______________________

PHARMACY LOCATION: ______________________
Street, City, State

Current Medications: ______________________

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Allergies and reactions: ______________________

LAST MENSTRUAL PERIOD: ______________________ ANY CHANCE YOU ARE PREGNANT? ☐ YES ☐ NO

XRAYS AND SOME MEDICATIONS CAN BE HARMFUL TO A FETUS. FOR THAT REASON, IT IS OUR POLICY TO PERFORM A PREGNANCY TEST ON ALL FEMALES AGES 15-45.

I AGREE TO A PREGNANCY TEST ☐ ***I OPT OUT OF A PREGNANCY TEST AT MY OWN RISK*** ☐

REASON FOR TODAYS VISIT:

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Emergency Contact: ______________________
Name Relationship Phone

Release and Use of Patient Information

In addition to the release and uses of my health information described in the HIPPA Notice of Privacy Practices, I authorize the release of my medical records, information, treatment and advice and specific health information to:

____
Name Relationship Phone

Check Here ☐ if you choose the same person as your emergency contact.

I understand the information concerning medical care, advise or treatment may include: history, physical, diagnosis, laboratory and diagnostic testing, specific information concerning alcohol abuse, mental health, drug abuse, human immune-deficiency virus, hepatitis or other infectious diseases

I understand that I have the right to revoke this authorization

____
Patient/Guardian/Guarantor Signature Date

1690 Dunlawton Avenue, Suite 120, Port Orange, FL 32127-8980