



**How did you hear about us?**

- Location     Customer Service     Email     Facility Signage  
 Family/Friend/Word of Mouth     Internet/Online Search     Print Advertising  
 Radio     Phone Book/Yellow Pages  
 School/Daycare: \_\_\_\_\_     Employer: \_\_\_\_\_  
 Community Event: \_\_\_\_\_     Hotel: \_\_\_\_\_  
 Physician Referral: \_\_\_\_\_     Pharmacy: \_\_\_\_\_  
 Apartment Complex: \_\_\_\_\_     Insurance: \_\_\_\_\_

Marital Status:  Child     Single     Married     Divorced     Widowed     Separated

Spouse's Full Name:

Permanent Address (other than local):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Care Physician:

Employer:

**Thank you for choosing Rapid Response Urgent Care.**

Insurance Company:

Type:  HMO / PPO     Medicare     Medicaid/AHCCCS     Tricare     Other

ID / Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Copay/Coins/Ded Amount: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Secondary Insurance?  Yes     No Name: \_\_\_\_\_

**Parent/ Legal Guardian of Minor or Incapacitated Adult Only**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_