UCNW PRIMARY CARE
2708 Highway 78 E
Jasper, Alabama 35501-3430
(205) 387-2253

PATIENT APPOINTMENT REQUEST

		Today's Date
Patient Name		Preferred Name to be called
Street Address		Date of Birth
City	State	Zip
Home Phone#	Cell Phone#	Email
Current Physician(s)		Last Physician(s) Visit

INSURANCE INFORMATION

Insurance Carrier Name	Contract/Policy Number	Group Number
Policy Holder's Name	Policy Holder's Date of Birth	Relationship to Patient

CURRENT MEDICATION(S) Prescription, Over-The-Counter, Supplements

Medication Name	Dose	Frequency	Written By (Physician or NP)

MEDICAL HISTORY (check all that apply)

☐ Abdominal Aortic Aneurysm	☐ Cancer_______________	☐ Kidney Disease	☐ ADHD
☐ Angina	☐ Diabetes Type I	☐ Renal Failure	☐ Alzheimer's Disease
☐ Aortic Stenosis	☐ Diabetes Type 2	☐ Dialysis	☐ Anxiety
☐ Atrial Fibrillation	☐ Diabetic Neuropathy	☐ Kidney Stones	☐ Dementia
☐ Carotid Stenosis	☐ Gout	☐ Rheumatoid Arthritis	☐ Eating Disorder
☐ Congestive Heart Failure	☐ High Blood Sugar	☐ Osteoarthritis	☐ Schizophrenia
☐ Coronary Artery Disease	☐ Hyperthyroidism	☐ Lupus	☐ Seizure Disorder
☐ DVT / Blood Clots	☐ Thyroid Problems	☐ Hepatitis	☐ Breast Disease
☐ Heart Attach / MI	☐ Crohn's Disease	☐ HIV/AIDS	☐ Ovarian Cyst
☐ Heart Disease	☐ Cirrhosis	☐ Syphilis	☐ Urine Incontinence
☐ High Cholesterol	☐ Liver Disease	☐ Fibromyalgia	☐ PID
☐ Mini Strokes	☐ Diverticulitis	☐ Low Bone Density	☐ Ectopic Pregnancy
☐ Pacemaker	☐ Gall Stones	☐ Acne	☐ STD _________________
☐ Pulmonary Embolus	☐ Irritable Bowel Syndrome	☐ Eczema	☐ BPH
☐ Peripheral Vascular Disease	☐ Pancreatitis	☐ Psoriasis	☐ Epididymitis
☐ Asthma	☐ Ulcer Disease	☐ Glaucoma	☐ Erectile Disfunction
☐ COPD	☐ Ulcerative Colitis	☐ Cataracts	☐ Prostatitis
☐ Emphysema	☐ Hiatal Hernia	☐ Vision Deficit	☐ Testicular Problems
☐ Sleep Apnea	☐ GERD (reflux disease)	☐ Hearing Deficit	☐ Hypogonadism
☐ Tuberculosis	☐ Parkinson's Disease	☐ Headache/Migraine	☐ Allergies

Return completed form to office via in-person, fax (205-387-2269), or email (medrecords@urgentcarenw.com)

☐ Reviewed Application	☐ Patient NOT Accepted	☐ Patient Accepted	☐ Initial Appointment Scheduled	__________Initials