

CONVENIENT CARE ROUTER

Today's Date: _____

Current Phone #: _____

Patient's Name: _____ Date of Birth: _____

(PLEASE PRINT legibly)

If **patient** is a minor, are you parent/legal guardian: Yes or No Relationship? _____

If **65 years or older** have you fallen in the past year? Yes or No **if yes** did you have injury Yes or No

Do you need a note today? (Please circle if needed): **work** / **school**

Email address to be Web Enabled (MyCare) _____

1. Primary doctor: _____

2. Reason for visit today: _____

3. When did symptoms start: _____

4. List your medical condition(s): _____

5. Pharmacy to use today: Name _____ Location _____

6. Current Medications (please list): _____

7. Allergies to medication: _____

8. Do you smoke or use tobacco: Yes or No How much per day _____

WOMEN ONLY: Date of Last period: _____

Are you Pregnant: Yes or No How many weeks: _____ Breastfeeding Yes or No

****OFFICE USE ONLY BELOW THIS LINE****

Rm# _____ Fam Hx Y or N

T _____ Oral/Ax P _____ BP _____ HT _____ WT _____ R _____ O₂ Sat _____ LMP _____

Vision Test R - 20/ L - 20/ Bilat -20/ Strep test started _____

FC _____ Web Y or N Rx Eligibility New Pt