

Adult & Pediatric Urgent Care
3180 Willow Lane Suite 114
Westlake Village, CA 91361
Tel: 805-373-1785 Fax: 805-379-2424

Adult & Pediatric Urgent Care
166 N. Moorpark Road Suite 104
Thousand Oaks, CA 91360
Tel: 805-371-4499 Fax: 805-371-4407

Adult & Pediatric Urgent Care
11126 Chandler Blvd
North Hollywood, CA 91601
Tel: 818-985-0044 Fax: 818-985-0054

Patient Information

The Reason for Today's Visit


- Physical exam Drug Screen Physical and Drug Screen Injury
 DOT (CDL) certification Other: _____

Last name: _____ First name: _____ M.I.: _____
Social Security #: _____ Date of birth (MM/DD/YYYY): _____
Address: _____ Apt. #: _____ City: _____ ST: _____ ZIP: _____
Contact phone (home or cell): _____ Work phone: _____ Female Male
Occupation _____ Single Married


Employer Requesting Services

Name: _____ Location/store number: _____
Contact name: _____ Contact phone: _____
Address: _____ City: _____ ST: _____ ZIP: _____
Is your employment arranged through a temporary hire agency? Yes No Name of agency: _____ Agency phone: _____

The information provided is correct to the best of my knowledge. I will not hold Adult & Pediatric Urgent Care, its health providers, or its employees responsible for any errors or omissions that I may have made in completing the information of this form. You may contact my employer to verify the purpose of my visit, if necessary.

 **Signature:** _____ **Date:** _____

Notice of Privacy Practices: Your name and signature below indicate that you have received a copy of Adult & Pediatric Urgent Care's Notice of Privacy Practices on the date and time indicated. If you have any questions regarding the information in Adult & Pediatric Urgent Care's Notice of Privacy Practices, contact Adult & Pediatric Urgent Care's Privacy Office at 805-371-4499 or adultandpediatricuc@hotmail.com.

Name (please print): _____
 **Signature:** _____
Date and time Notice received: _____

If you are here for an INJURY, please complete the section below.

Injury date: _____ Injury time: _____

Where were you when the injury occurred?: _____

How did the injury happen? _____

What part of your body is injured? _____

Please check which side of your body is injured. Right Left Both

Using the figure at right, please circle the areas where you are injured. ☺

