

Welcome to Encompass Urgent Care- Happy Valley

Patients are seen in a first-come-first-served basis, unless a patient arrives with a condition that needs immediate attention. Thank-you for your patience.

Patient Name: (Last, First)	Birthdate:	Time of Arrival:
Home Phone#	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #:
Cell Phone#		
Address (If different than ID):	City, State:	Zip Code:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Email (to access online patient portal):		
Insurance Company:	Policy/ID#	Group#
Policy Holder (if different than patient):	Policy Holder DOB:	Relation to Patient:
Reason for Today's Visit (most important problem to address with provider):		
Primary Care (PCP):	Pharmacy & Location:	