Atlanta Urgent Care at Peachtree

Local ER Doctor Owned and Operated

Name: _____

Date of Birth:_____

Reason for Visit: _____

Change in Insurance? Yes No

Change in address/phone? Yes No

Workers Comp? Yes No

Follow up or Recheck? Yes No

Do you also see a physician at Absolute Care? Yes No

This is not the same as being an Urgent Care Patient

Were you referred by another physician? Yes No

If yes, name of physician:_____