

# Sugarloaf Urgent Care



## Quick Registration

Today's Date \_\_\_\_\_

Creating a trusting environment and maintaining patient confidentiality is one of our core duties at Sugarloaf Urgent Care. Please take a moment to fill out this Quick Registration form.

### Demographic Information

Patient Name *(last name/first name)* \_\_\_\_\_

Patient DOB *(month/day/year)* \_\_\_\_\_ Patient Age \_\_\_\_\_

**Allergies:** Like – Food | Pollens | Odors | Medicine | Pets etc.....

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**Main Problems | Reason For This Consultation:** *(if possible, rank in terms of importance to you)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Additional problems or concerns you would like to address:**

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