🧸 Morning Star Urgent Care — Children's New Patient Form

Child's Information

- Full Legal Name: _____
- Date of Birth: _____
- Age: _____
- Sex Assigned at Birth: _____
- Home Address: _____
- Primary Phone (Parent/Guardian): _____
- Email (Parent/Guardian): _____

Parent / Guardian Information

- Parent/Guardian Name: _____
- Relationship to Child: _____

Preferred Pharmacy (Check One)

- Albertsons☐
- CVS☐
- Golden Health☐
- Independence Drug☐
- Ridleys☐
- Walmart☐

Insurance Information

- Insurance Provider: _____
- Member ID: _____
- Group Number: _____
- Policyholder Name & DOB: _____

Authorized Caregivers

These individuals may bring the child for care and receive visit-related information. Name / Relationship / Phone: _____ Name / Relationship / Phone: _____

Reason for Today's Visit

- Main concern: _____
- When symptoms started: _____
- Pain level (0–10): _____
- Any recent injuries, exposures, or sick contacts: _____

Medical History

Past Medical Conditions

Check all that apply: ☐ Asthma ☐ Allergies ☐ Diabetes ☐ Heart Condition ☐ Seizures ☐ Anxiety/Depression ☐ ADHD ☐ Premature birth ☐ None Other conditions:

_____

Surgical History

List surgeries and dates: _____

Medications

Name, dose, frequency: _____

Allergies

☐ No known allergies Allergies & reactions: _____

Immunizations

☐ Up to date ☐ Not up to date ☐ Unsure

Consent for Treatment

I am the parent or legal guardian of the above child and consent to evaluation and treatment at Morning Star Urgent Care, including exams, testing, and procedures deemed necessary by the provider.

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____