PULSE
Urgent Care Center

100 E Cypress Ave. Redding, CA 96002
Ph: 530-722-1111 Fax: 530-722-9999

Patient Demographics

Name _____ Date of Birth_____

Address _____ Phone Number_____

County _____ Email _____

Race: _____ Ethnicity: _____

Symptoms (check if applicable):

Date of onset_____

- ☐ Fever/Chills (Temp. greater than 100.4) _____
- ☐ Subjective fever
- ☐ Cough
- ☐ Shortness of breath
- ☐ Fatigue
- ☐ Muscle aches/Body aches
- ☐ Conjunctivitis
- ☐ Headache
- ☐ Abdominal Pain
- ☐ Nausea/vomiting
- ☐ Diarrhea
- ☐ Sore throat
- ☐ Runny nose/Congestion
- ☐ New olfactory and taste disorder

Occupation/Where?_____

Any chronic health conditions:_____

_____

_____

_____

Smoker? _____

Exposure to a + Covid?_____

Date of exposure_____

Testing

Chest x-ray? Y or N

Diagnosed with Pneumonia? Y or N

Any previous testing for Covid? Y or N

Flu testing Y or N Result + -

Strep testing Y or N Result + -

Other testing? _____

Provider name _____

Provider phone number _____

Have you spoken to or seen your provider?

When? _____

Have you visited an Urgent Care or ER? Y or N

Are you pregnant? Y or N Due Date_____

Connected to School? Y or N School: _____

Travel (within 14 days of illness)

Travel dates and locations _____

_____

_____

Public Health Action Taken: _____

Candidate for testing? Yes No

Physician Signature: _____ Date: _____ Time: _____

Updated: 11/24/2020 JMM