



Island Walk-In Clinic Visit Questionnaire

Name: _____ Date of Birth (DOB): _____

List Known Allergies:

Not required if you are an established patient of Island Primary Care Clinics.

List Current Medications (including over-the-counter medicines, vitamins and supplements):

Not required if you are an established patient of Island Primary Care Clinics.

List Past Illnesses:

Not required if you are an established patient of Island Primary Care Clinics.

Social Activities:

Not required if you are an established patient of Island Primary Care Clinics.

Are you a current smoker?

Are you a previous smoker?

*****Please write down the single urgent issue you need to be seen for today:**

Who is your primary care provider: _____

What pharmacy, if needed, will you use TODAY? _____

I understand Island Walk-In Clinic does not provide Primary Care. If you are in need of a Primary Care Provider please contact the Island Hospital Resource Center at 360-299-1397, and they will be able to provide you with a list of open practices in the surrounding area.

Patient Signature

Date/Time

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