



## Initial Patient Intake Form



**Facility:** \_\_\_\_\_

**Room:** \_\_\_\_\_

**Patient Name:**

**Patient DOB:**

**Patient Phone Number:**

**POA or Guarantor Name:**

**POA or Guarantor Phone Number:**

**Today's Date:**

**Move-In Date:**

### Please do one of the following:

**TEXT** this form to (941) 900-9594

**OR**

**FAX** this form to (941) 243-3085

**OR**

**EMAIL** this form to [Avila@TheCenterForUrgentCare.com](mailto:Avila@TheCenterForUrgentCare.com)

A member of our Team will respond within 24 hours and will reach out to either the Patient or the designated POA/Guarantor and we will begin the process of formally onboarding.

If there are any problems or concerns, please do not hesitate to call me at **(941) 243-3088**.

J. Albert Avila, MD, FACEP, FAAEM  
Medical Director

The Center for Urgent Care  
The Center for Geriatric Care

[www.TheCenterForUrgentCare.com](http://www.TheCenterForUrgentCare.com)