

WORLD TRAVEL CARE
5673 Peachtree Dunwoody Road, Suite 600
Atlanta, Georgia 30342
Telephone 404.459.4393 FAX 404.459.4390

PATIENT INFORMATION FORM

APPOINTMENT DATE/TIME _____

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

DATE OF BIRTH _____ RACE _____ SEX: (Circle) Female Male Other

SOCIAL SECURITY NUMBER _____ MARITAL STATUS: (Circle) S M W D

HOME ADDRESS _____

CITY _____ STATE _____ COUNTY/ ZIP _____

CELL TELEPHONE _____ HOME TELEPHONE _____

EMAIL _____

EMPLOYER/ OCCUPATION _____ WORK TELEPHONE _____

PRIMARY CARE PHYSICIAN _____

CELL NUMBER _____ FAX NUMBER _____

EMERGENCY CONTACT (PLEASE LIST SOMEONE WHO WILL NOT BE TRAVELING WITH YOU)

NAME _____ RELATIONSHIP _____

HOME _____ CELL _____ WORK _____

PHARMACY INFORMATION:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

ITENERARY: (Please list your itinerary in order, including the dates and countries where you will change transportation)

PURPOSE OR TRAVEL: (Circle) Business Pleasure Mission School Trip

TYPE OF TRAVEL: (Circle) Urban/Tourist Rural

ACCOMMODATIONS: (Circle) First Class Hotels Local Hotel Private Home

Rural/Tent Camp AirBnB

Payment is due at the time of service. World Travel Care does not accept private health insurance as a method of payment and does not assist with insurance claim filing.

PATIENT SIGNATURE _____ DATE _____

IF A MINOR, SIGNATURE OF LEGAL GUARDIAN _____ DATE _____