

CareSouth Carolina Inc.

(Circle one) Covid Testing/1st, 2nd, 3rd and Booster Vaccine Mini Registration

Name: _____ DOB: __/__/__ Marital Status: _____

Guardian (if minor): _____ Guardian DOB: _____

Race: _____ Hispanic: _____ Non Hispanic: _____ Phone Number: _____

Address: _____ City: _____

County _____ State: _____ Zip: _____ Sex: _____

Primary Insurance Name: _____ Policy #: _____

Secondary Insurance Name: _____ Policy #: _____

Are you a veteran? Yes No

Are you registered to vote? Yes No

Are you a migrant worker? Yes No

Are you a seasonal worker? Yes No

Do you live in public housing? Yes No

Are you homeless? Yes No

Limited English Proficiency Yes No

I give my permission to disclose and discuss information concerning my (or my child's) diagnosis, treatment, test results, medications and costs to the person named below.

Name: _____ Relationship: _____ Phone: _____

_____ (initials for testing only) give permission for my test results to be mailed, if requested.

I hereby authorize CareSouth Carolina, Inc. staff (and whomever they delegate) to provide medical, emergency and in-patient care of such treatment that may include/but is not limited to health screening, diagnoses, medical treatment, social services, and/or mental health & drug & alcohol screening, assessment, diagnoses, and treatment as is found necessary. I also authorize the release of any medical information necessary to promote continuity of care with other healthcare and enabling services.

Signature: _____

Date: _____

Witness: _____

Date: _____

