St. John's ExpressCare P.A.

880 A1A North, Suite 16
Ponte Vedra Beach, FL 32082
904-280-1300; 904-280-1220FAX

Online Registration Packet

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

DATE OF BIRTH: _____AGE: _____SEX: _____

ADDRESS: _____

_____

PHONE: _____OCCUPATION: _____

EMERGENCY CONTACT (Name): _____

(Relationship): _____

(Phone): _____

REASON FOR TODAY'S VISIT (PLEASE LIST ALL SYMPTOMS):

CURRENT MEDICATIONS (PLEASE LIST):_____

St. John's ExpressCare P.A.

880 A1A North, Suite 16
Ponte Vedra Beach, FL 32082
904-280-1300; 904-280-1220FAX

ALLERGIES (PLEASE LIST): _____

_____

_____

CURRENT MEDICAL CONDITIONS: _____

_____

_____

PAST SURGERIES: _____

_____

_____

DO YOU DRINK ALCOHOL? _____NUMBER DRINKS PER WEEK: _____

DO YOU SMOKE CIGARETTES OR VAPE? _____(# PACKS PER DAY):_____

DO YOU USE ANY OTHER DRUGS? _____WHICH? _____

ARE YOU PREGNANT? _____HOW MANY WEEKS? _____

St. John's ExpressCare P.A.

880 A1A North, Suite 16
Ponte Vedra Beach, FL 32082
904-280-1300; 904-280-1220FAX

PLEASE NOTE OUR TELEMEDICINE FINANCIAL POLICY:

- $50 NO CALL NO SHOW FEE (INCLUDING TELEHEALTH)
- $5 CREDIT CARD FEE
- ALL COPAYS WILL BE TAKEN OVER THE PHONE OR IN PERSON BEFORE YOUR VISIT
- WE ACCEPT ALL FORMS OF PAYMENT EXCEPT CHECKS!
- PAYMENT IS EXPECTED AT TIME OF VISIT

Signature: _____

Print Name: _____