

# URGENT CARE/WALK-IN APPOINTMENT

*Welcome to HagatnaMED Clinic!*

Please help us better serve you by completing the following information for your Urgent Care/Walk-In appointment:

1. What main pain, ailment or symptoms have brought you to HagatnaMED today?

\_\_\_\_\_

**LOCATION:** (Physical location of where the symptoms are occurring) \_\_\_\_\_

\_\_\_\_\_

**QUALITY:**                     Sharp     Dull             Burning     Stabbing

**ONSET:** (When your discomfort started) \_\_\_\_\_

\_\_\_\_\_

Has your condition worsened since date of onset:     YES             NO

**TRIGGERS:** (For example, time of day, positioning, particular kinds of food i.e. spicy, greasy, exposure to allergens like smoke or dust, exercise) \_\_\_\_\_

**SELF-HELP EFFORTS:** (What actions or over the counter medications have you taken have you done, if any, to help relieve your symptoms/pain e.g. apply ice, taken aspirin etc.) \_\_\_\_\_

DID IT/THEY HELP?     YES             NO

**ASSOCIATED SIGNS OR SYMPTOMS:** When you are experiencing your main symptom, are there other symptoms you start to experience (e.g. migraines with aura and nausea, or coughing causes chest pain) \_\_\_\_\_

**PAIN SCALE** (From 0 to 10, 0 = No pain/10 = Excruciating pain) Please circle one:

0    1    2    3    4    5    6    7    8    9    10

**Print Name:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note that any other additional issue or medical concern may require a future appointment.