

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 _____ AGE _____ SEX: (Circle) Male Female

HOME ADDRESS _____

CITY _____ STATE _____ COUNTY _____ ZIP _____

HOME TELEPHONE _____ BUSINESS TELEPHONE _____

EMPLOYER _____ OCCUPATION _____

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

PRIMARY CARE PHYSICIAN _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

EMERGENCY CONTACT PHONE: Home _____ Cell _____ Work _____

PURPOSE OF TRAVEL: (Circle) Business Pleasure Mission

TYPE OF TRAVEL: (Circle) Urban/Tourist Rural

ACCOMODATIONS: (Circle) First Class Hotels Local Hotels Private Home Rural

ITINERARY (Please list your itinerary in order including dates. Include countries where you will only change transportation).

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 _____