



CARE OPTIONS PLAN

URGENT CARE CENTER:

Locate your nearest Urgent Care Center:

Name:	Phone Number:
Address:	Days & Hours of Operation:

PHONE NUMBERS:

Who is your Primary Care Provider?

Name:	Phone Number:
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Who is your Emergency Contact?

Name:	Phone Number:
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Who is your Consulting Nurse Hotline Number?

Name:	Phone Number:
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EMERGENCY ROOM:

Locate your nearest Emergency Room:

Name:	Phone Number:
Address:	

Urgent Care Centers & Primary Care Providers



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|---|--------------------------------------|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Sprains |
| <input type="checkbox"/> Asthma Attack | <input type="checkbox"/> Headaches | <input type="checkbox"/> Stitches |
| <input type="checkbox"/> (Minor) | <input type="checkbox"/> Migraines | <input type="checkbox"/> Urinary Tract Infections |
| <input type="checkbox"/> Back Ache | <input type="checkbox"/> Minor Burns | |
| <input type="checkbox"/> Cold, Flu, Fever | <input type="checkbox"/> Minor Cuts | |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Nausea | |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Sore Throat | |

Emergency Room



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|---|--|--|
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Ingestion of Poison | <input type="checkbox"/> Shock |
| <input type="checkbox"/> Compound | <input type="checkbox"/> Seizures | <input type="checkbox"/> Uncontrollable Bleeding |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Severe Asthma | |
| <input type="checkbox"/> (Visible bone) | <input type="checkbox"/> Attack | |
| <input type="checkbox"/> Persistent Fever | <input type="checkbox"/> Severe Burns | |