Valley Family Medicine
Urgent Care Center
Honest Medicine at an Honest Price.

Dr. Eli Gluzman MD.
Adult & Pediatric Urgent Care

Name: _____ Phone Num: _____

Date Of Birth: _____ Temp (Filled By Staff): _____

Are you currently having any symptoms (Please check all that apply):

- ☐ Fever (100.4 F Or Grater)
- ☐ Chillis
- ☐ Nausea
- ☐ Runny Nose
- ☐ Shortness Of Breath
- ☐ Loss Of Smell
- ☐ Loss of Taste
- ☐ Cough
- ☐ Fatigue
- ☐ Congestion
- ☐ Sore Throat
- ☐ Diarrhea
- ☐ Headache
- ☐ Ear Pain
- ☐ Rash On Skin
- ☐ Difficulty Breathing
- ☐ Vomiting
- ☐ Chest Pain / Pressure
- ☐ Discoloration Of Toes / Fingers

Briefly State The Reason For Your Visit:

Patient Signature: _____ Date: _____

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