



PDTR Medical Information Sheet
2018



Car Number	Division: <input type="checkbox"/> Grand Nationals <input type="checkbox"/> Late Model <input type="checkbox"/> Micro Sprint <input type="checkbox"/> B-Mods <input type="checkbox"/> 360 Sprint <input type="checkbox"/> _____ (Check box or circle type of car)			
Name:				
Address:				
	City		State	
Phone # w/ Area Code				
Physician:				
Hospital Choice:				
Date of Birth:		Sex	M	F
Emergency Contact:	Name		Phone #	
	Relationship			
Allergies:				
Medical History:				
Medications:				

******* SEE SIGNATURE FORM ON BACK *******



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HIPAA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

PATIENT SIGNATURE and DATE