



<b>All Primary Services</b>				<b>Senior/Medicare Clinic Only</b>	
606 S. Euclid St Anaheim, CA 92802 P:(714) 635-8570	2740 S. Bristol #208 Santa Ana, CA 92704 P:(714) 979- 5734	1510 E. 7 <sup>th</sup> St 3325 Long Beach, CA 90813 P:(562) 590-9800	Tyler Ave. El Monte, CA 91731 P:(626) 416- 5822	201 S. Broadway Santa Ana, CA 92701 P: (714) 571- 4941	

**PATIENT INFORMATION** \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER: MALE/ FEMALE PHONE# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ID/DRIVERS LICENSE# \_\_\_\_\_ OPTIONAL ID# \_\_\_\_\_

MARITAL STATUS: SINGLE\_ MARRIED \_ DIVORCED\_ WIDOWED

EMAIL: \_\_\_\_\_ TEXT CELI: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**INSURANCE INFORMATION(FOR OFFICE STAFF ONLY)**

ELIG COVERAGE INS

INS NAME \_\_\_\_\_ SPOKE \_\_\_\_\_ EFFT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

COPAY \_\_\_\_\_ DED \_\_\_\_\_ IPA \_\_\_\_\_

ID \_\_\_\_\_ GROUP# \_\_\_\_\_

LAB \_\_\_\_\_ X-RAY \_\_\_\_\_ PPO \_\_\_\_\_

URGENT CARE \_\_\_\_\_ TRANSPORTATION YES/NO \_\_\_\_\_

**ID AND INSURANCE CARDS GO HERE**