



Chino Office 13801 Roswell Ave, #F Chino, Ca 91710 Office 909-464-2008 Fax 909-287-7705	Upland Office 886 W. Foothill Blvd, # E Upland, Ca 91786 Office 909-946-2673 909-946-1872	Glendora Office 230 N. Glendora Ave. Glendora, Ca 91741 Office 626-914-5881 Fax 626-914-0169
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**CONFIDENTIAL PATIENT INFORMATION**

*These forms are legal documents and are necessary to bill insurance and are a part of your medical chart. They must be completed in detail so please take your time and ask for assistance if you need help.*

**GENERAL INFORMATION**

Date: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status: S M D W Number of Children \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Email Address \_\_\_\_\_

Driver License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address of Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of spouse \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Name of nearest relative not living with you \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Is the condition you are here for the result of a work related injury? YES NO (circle one)  
 (If YES, have you reported it to your supervisor?) YES NO (circle one)

Is the condition you are here for the result of an automobile collision? YES NO (circle one)

How do you intend to pay for today's visit? \_\_\_\_\_

Do you have health insurance? YES NO Insurance Company \_\_\_\_\_  
 (If YES, please provide the receptionist with a copy of your insurance card.)

Name of policy holder \_\_\_\_\_  
 Relationship: Self \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_ Other \_\_\_\_\_

Who referred you to our office?  
 \_\_\_\_\_ A friend/relative/co-worker/other referred me. Name of person \_\_\_\_\_  
 \_\_\_\_\_ Website/Internet Listing. Which search engine? Google Yahoo Other \_\_\_\_\_  
 \_\_\_\_\_ Yellow Pages. Which book? AT&T Yellowbook  
 \_\_\_\_\_ Other. Please describe source: \_\_\_\_\_

"I understand and agree that health and accident insurance policies are an arrangement between the insurance carrier and myself. I understand that this office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to this office will be credited to my account on receipt. **However, I clearly understand that I am responsible for the payment of all services rendered to me if my insurance company, for whatever reason, does not pay for services rendered to me.** I also understand that if I terminate my care, any fees for professional services rendered me will become due and payable."

\_\_\_\_\_  
 Patient/Parent/or Guardian Signature

\_\_\_\_\_  
 Date