

Irvine Family Practice Medical Group

Patient Information

Patient's Name:

Last _____ First _____ MI _____

Address: _____ Apt _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Birthdate: _____ Sex: M _____ F _____ E-Mail _____

Driver License: _____ SSN _____ Marital Status S _____ M _____ D _____ Sep _____ W _____

Spouse's Name: _____ Phone _____

Emergency Contact: _____ Relationship to patient _____

Address _____ Phone _____

Referred by _____

Guarantor's Information (if different from patient) Relationship to patient: _____

Name: _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Insurance Information *(must be completed even if we have a copy of insurance card)*

Primary Insurance _____ ID# _____

Subscriber's Name _____ Birthdate _____ Sex: M _____ F _____

Relationship to patient _____

Secondary Insurance _____ ID# _____

Consent to treat a minor: I(We), being the parent(s) or guardian(s), entitled to the care, custody, and control of the above named minor, do hereby authorize and direct you to render such treatment to said minor as in your judgment is advisable. It is understood that the above named minor may occasionally appear at your office for examination and treatment, or both, unaccompanied by an adult, because of my (our) absence or unavailability. This consent will be in effect until terminated by written notice. Initial _____

Acknowledgement of Receipt of Notice of Privacy Practices: I have read Irvine Family Practice Notice of Privacy Practices. A copy is available to me in the reception area and online at www.irvinefp.com. Initial _____

I understand I am financially responsible for any balance not covered by my insurance carrier. A copy of this signature is as valid as the original. I understand that an additional fee may be added if my account becomes delinquent. Initial _____

My signature below is to acknowledge that I read, understand, and agree to the above statements.

Signature: _____ Date: _____