

Julie Ralls, MD
2011 Westcliff Drive, Ste 4
Newport Beach, CA 92660

Today's Date: _____
(mm/dd/yyyy)

PATIENT INFORMATION SHEET

Name (Last, First): _____ Date of Birth: _____
Sex: M F Social Security #: _____ Marital Status: Single Married Other
Employment Status: Employed: Full-time Student: Part-time Student: Retired:
Other:
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Employer: _____
City: _____ State: _____ Zip: _____
Occupation: _____
Emergency Contact: _____ Relationship to Patient: _____
Phone: _____
Who may we thank for referring you: _____ Pri Care Doctor: _____

INSURANCE INFORMATION

PRIMARY Insurance: _____ Group #: _____
ID#: _____ Co-pay: \$ _____
SECONDARY Insurance: _____ Group #: _____
ID#: _____
Is someone else responsible for payment: No Yes- Subscriber's Name: _____
Subscriber's Date of Birth: _____ Relationship to Patient: _____
Responsible Party's Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

VISIT INFORMATION

Reason for this visit: () Medical Problem () Second Opinion () Consult
Describe your condition/major complaint _____
Date of injury or onset of problem _____
If Job related, who can authorize your treatment _____
If Job related, your Company's Insurance Carrier _____ Phone _____
Referring Physician: _____ City _____ Phone _____

MEDICAL RECORDS RELEASE/ASSIGNMENT OF BENEFITS

I hereby authorize this office to release any necessary information for the purpose of payment of insurance claims. I hereby assign insurance payments directly to this office otherwise payable to the insured. I understand that I am financially responsible for all charges whether or not paid by my insurance. I agree to allow a copy of this authorization to be used in place of an original.

Signature of Patient: _____ Date: _____
Signature of Insured: _____ Date: _____
Signature of Parent (If patient is a Minor): _____ Date: _____

Julie Ralls, M.D.

Patient Contact Consent Form

Name: _____

DOB: _____

Detailed messages can be left at the following numbers:

1. _____

2. _____

3. _____

Signature: _____

Date: _____