



2401 Hartnell Ave.
Redding, Ca. 96002
530-222-3678

Patient's Demographic Information

Patient Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____ City: _____

Zip: _____ Email Address: _____

Patient's Emergency Contact:

Name: _____ Phone: _____

Relationship to patient: _____

Consent to Disclose:

In an effort to protect your health care information, please list all names of those whom we have you permission to discuss appointment dates/times, billing, and medical information with. We can not discuss this information with your spouse or relatives without this consent.

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

Signature: _____ Date: _____