

SIERRA CARE PHYSICIANS

140 Litton Drive, Suite 100, Pediatrics, Grass Valley, CA 95945

140 Litton Drive, Suite 100, Family Practice, Grass Valley, CA 95945

11400 Pleasant Valley Road, Family Practice, Penn Valley, CA 95946

Patients Name: _____ DOB: _____

Name of Pharmacy: _____

I acknowledge that I have received a copy of the HIPAA Notice of Privacy.

Are you known as any other name? If yes, please print name: _____

Please list all that we can contact and/or discuss your medical and financial information with:

_____	()	/	_____
Name	Relationship	Phone #	Cell Phone #

_____	()	/	_____
Name	Relationship	Phone #	Cell Phone #

_____	()	/	_____
Name	Relationship	Phone #	Cell Phone #

May we leave a message on both your home and cell phone numbers? **YES** _____ **No** _____.

Extended or Brief Message? (Please Circle One)

E-mail: _____

_____	_____
Signature	Date