

**SIERRA CARE PHYSICIANS**

140 Litton Dr., Suite 100, Pediatrics, Grass Valley, CA 95945  
140 Litton Dr., Suite 100, Family Practice, Grass Valley, CA 95945  
11400 Pleasant Valley Road, Family Practice, Grass Valley, CA 95946

Patient 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 name all person(s) we can contact and /or discuss your medical and financial information with:

_____	_____	( ) /	_____
Name	Relationship	Phone No.	Cell

_____	_____	( ) /	_____
Name	Relationship	Phone No.	Cell

_____	_____	( ) /	_____
Name	Relationship	Phone No.	Cell

May we leave messages on your home and cell phone numbers? YES \_\_\_ NO \_\_\_

May we leave an \_\_\_ Extended or \_\_\_ Brief Message?

Email: \_\_\_\_\_

Print Name: Patient/Parent/Guardian (circle one)

\_\_\_\_\_ Date

Signature of: Patient/Parent/Guardian (circle one)

\_\_\_\_\_ Date