



Pierre G. Labrecque, M.D.
 120 North Miller Street, Building C
 Santa Maria, CA 93454

PATIENT HISTORY INFORMATION

Name				Date of Birth			Age	
<i>First</i>		<i>Middle</i>		<i>Last</i>				
Marital Status	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D			Sex:	<input type="checkbox"/> M <input type="checkbox"/> F			
Address				Home Phone				
City, State, Zip				Cell Phone				
Employer				Phone Number				
Employer Address				Occupation				
Drivers License #				SSN				
Responsible Party Name				Relationship				
Address				Home Phone				
City, State, Zip				Cell Phone				
Employer				Phone Number				
Employer Address				Occupation				
Drivers License #				SSN				

INSURANCE INFORMATION

Primary Insurance				Policyholder Name			
Policyholder DOB				Policyholder SSN			
Group #		Policy #		Effective Date of Coverage			

SECONDARY INSURANCE INFORMATION

Secondary Insurance		Policyholder Name	
Policyholder DOB		Policyholder SSN	
Group #		Policy #	
		Effective Date of Coverage	

REFERRED BY

Name		Phone Number	
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IN CASE OF EMERGENCY CONTACT (RELATIVE OR FRIEND)

Name		Phone Number	
Relationship		Work Number	

I understand I am financially responsible for payment in full of all accounts with the exception of industrial injuries or fully sponsored government accounts. I hereby authorize my doctors to release records to other doctors or legitimate requesting sources. I authorize payment of medical benefits to my physicians or suppliers for services rendered, A photocopy of this authorization and assignment of benefits shall be as valid as the original.

Patient/ Parent of Minor/Guardian Signature

Date