## PRIMAVITA FAMILY MEDICINE

## Dr. Lorina Shinsato, ND, EAMP

## **PATIENT INFORMATION**

Last Name	Firs	t	Middle
Male Fema	le Date of Birth	SS#	
Address		Cit	:y
St Zip			
Home Phone ()	Cell Ph	one ()	
Email			
Employer			
Address			
	St	Zip Phone	
Ext#			
Referred by:			
Primary Care Physician		Phone	e:
Current Medications:			
Emergency Contact:		Phone	e:
	PRIMARY INSU	RANCE INFORMATION	
Insured subscriber		Relations to Ins	sured
Date of birth of the Insured	d subscriber		

Insurance	Insurance Phone#
ID#	GROUP#
<u>SE</u>	CONDARY INSURANCE INFORMATION
Insured subscriber	Relations to Insured
Date of birth of the Insured subsci	iber
Insurance	Insurance Phone#
ID#	GROUP#
personal health information. For a continuous personal health information.	tealth information. It affects all those who are in contact with medical records of etailed copy of our HIPAA practices please see "Notice of Privacy Practices".  The ceived a copy of the "Notice of Privacy Practices"  The ceived a copy of the "Notice of Privacy Practices"  The ceived a copy of the "Notice of Privacy Practices"  The ceived a copy of the "Notice of Privacy Practices"  The ceived a copy of the "Notice of Privacy Practices"  The ceived a copy of the "Notice of Privacy Practices"
and assign directly to Dr. Lorina Shir	ny dependent) have insurance coverage with:sato all insurance benefits, if any, otherwise payable to me for services rendered atment and agree to pay all fees and charges for such treatment if coverage is no