

Patient Information Form

First Name: _____

Last Name: _____

Sex: Male Female

Marital Status: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Date of Birth: _____ Age: _____

Social Security #: _____

Employer: _____

Occupation: _____

Work Phone: _____

If Student, Name of School: _____

Language(s) Spoken: _____

Race: White Black Asian Hispanic
 Native Hawaiian Pacific Islander
 Native American or Alaskan Native
 Decline to Answer
 Other: _____

Spouse or Responsible Party:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____ Age: _____

Social Security #: _____

Employer: _____

Work Phone: _____

Person to Contact in Case of Emergency:

Permission to discuss my treatment, diagnostic tests and medical condition:

Yes No

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship to Patient: _____

Please bring your insurance card(s) and your prescription card with you to present to the receptionist when you arrive for your appointment.

Prescription Drugs: To better meet our patients' needs we can dispense some of the prescriptions as prescribed by our physician(s) here on our campus. We will bill your pharmacy insurance and charge the applicable co-pay. Please understand that you are not obligated to have prescriptions filled here and that you have the option of receiving your medications from the pharmacy of your choice. We would be happy to facilitate this for you.

Notice to Consumers: Medical doctors are licensed and regulated by the Medical Board of California. (800) 633-2322 or www.mbc.ca.gov

Patient Signature: _____

Date: _____

CBCC COMPREHENSIVE
BLOOD & CANCER CENTER
Outsmarting Cancer™

(661) 322-2206 main | (661) 322-7027 fax | 6501 Truxtun Avenue, Bakersfield, CA 93309 | www.cbccusa.com

A Jonsson Comprehensive Cancer Center TRIO-US Site