

San Diego Cardiovascular Associates

- 320 Santa Fe Dr. #204, Encinitas, CA 92024 Tel 760-944-7300 Fax 760-633-3949
- 9850 Genesee Ave. #780, La Jolla, CA 92037 Tel 858-824-2900 Fax 858-824-2910

Today's Date _____ / _____ / _____ Gender _____ SS# _____ - _____ - _____

Patient Name _____ Drivers Lic _____

Address _____
Number Street City State Zip

Age _____ DOB _____ Marital Single Married Divorced Widowed

Preferred Phone # _____ Cell Phone # _____ Email _____

Spouse/Legal Guardian _____ Cell Phone # _____

Mandated HHS/CMS questions

Preferred Language

English Other _____

Preferred Pharmacy _____

Address _____

Phone # _____

Employer _____ Work Phone _____ Retired

Ethnicity Not Hispanic or Latino Hispanic or Latino Declined to Answer
Race American Indian/Alaska Native Asian Black or African American White Declined to Answer
 Native Hawaiian or Other Pacific Islander Declined to Answer



Family Physician _____ Phone# _____

Referred By _____ Phone# _____

In Case Of Emergency – Please Notify(Friend or family member not living at your address)

Name _____ Phone Number _____

Insurance Information

Primary Insurance _____ Name of Insured _____

Policy # _____ Group # _____

Secondary Insurance _____ Name of Insured _____

Policy # _____ Group # _____

Authorization To Pay Benefits To Physician: I Hereby Authorize Payment Directly To San Diego Cardiovascular Associates and/ or its physicians for any and all services provided to me.

Name _____ Signature _____