

**Rhoda Estrella-Itchon, MD, Inc.**

25495 Medical Center Dr., Suite 301  
Murrieta, Ca 92562-4902  
(951) 461-1070 Fax (951) 461-3449

**Patient Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Sex:  M  F Age: \_\_\_\_\_  
Do you have an **ADVANCE DIRECTIVE**?  YES  NO  
If not, would you be interested in obtaining information on it?  YES  NO

Address: \_\_\_\_\_  
City and Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Race: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Email Address: \_\_\_\_\_ (patient portal access)

**Insurance Information**

Primary Insurance: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Subscriber ID: \_\_\_\_\_ SSN: \_\_\_\_\_

**Emergency Contact**

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_

**Pharmacy Information**

Pharmacy Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

**Rx Consent History:** I hereby authorize Rhoda G. Estrella-Itchon, M.D., Inc to obtain my previous prescription/medication history through external sources. \_\_\_\_\_ (Please initial)

The above information is complete and correct. I hereby consent to any necessary medical treatment/physical exam required for myself or for the minor for whom I am legally responsible. I hereby authorize release of information necessary to file a claim with my insurance company. I assign benefits otherwise payable to me to Rhoda G. Estrella-Itchon, M.D., Inc. I understand that I am financially responsible for charges for medical services rendered regardless of insurance coverage. I also understand that I am financially responsible office visit co-payment due at time of service and/or deductibles that may apply. If this account is assigned to an attorney for collection and/or suit, a copy of this signature is valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_