



# Primary Health Clinic

[www.DrElhamNemat.com](http://www.DrElhamNemat.com)

16101 Ventura Blvd., Suite: 343, Encino, CA 91436

Phone: (818) 779-1447 Fax: (818) 827-4748

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

Legal Name : \_\_\_\_\_  
Last First MI (Suffix: Jr., Sr. etc..)

Patient Address: \_\_\_\_\_  
CITY ZIP CODE

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Sex:  M /  F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Marital Status:  Single,  Married,  Divorced,  Widowed,  Separated,  Domestic Partnership

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**Primary Insurance Information**

Insurance Company \_\_\_\_\_ Insured's Name \_\_\_\_\_

Insured's DOB \_\_\_\_\_ SS# \_\_\_\_\_ Relationship to Pt \_\_\_\_\_

Employer \_\_\_\_\_ Effective date of insurance \_\_\_\_\_

ID# \_\_\_\_\_ Group# \_\_\_\_\_ Co-pay amount \$ \_\_\_\_\_

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**CLAIM#** \_\_\_\_\_

Adjuster: \_\_\_\_\_ Contact: \_\_\_\_\_

**Reason For Visit:** \_\_\_\_\_

**When did your symptoms appear:** \_\_\_\_\_

This is to inform you that our patient Mr./Mrs./Ms. \_\_\_\_\_ has advised Primary Health Clinic and that he/she has selected Dr. Elham Nemat, DC, QME, as his/her Primary Treating Physician.

Patient or Guardian Signature **X** \_\_\_\_\_ Date: \_\_\_\_\_

If Guardian signature, please print name: \_\_\_\_\_