

# ALLERGY AND ASTHMA HEALTHCARE

Maria D. Sabio, MD

Ernesto Ruiz-Huidobro, MD

## Patient Information

<b>Patient Name:</b> _____	<b>Date of Birth:</b> ____/____/____		
SSN #: ____/____/____	Age: ____	Gender: ____	Marital Status: _____
Address: _____	Phone: Home _____		
Street _____	Work _____		
City _____	State _____	Zip Code _____	Cell _____

<b>Insurance Policy Holder (MUST be 18 or older):</b> _____	<b>Birthdate</b> ____/____/____	
SSN: ____/____/____	Gender: ____	Marital Status: _____
Phone: _____	Address: _____	
	(if different from above)	
Work Phone (if not given above) _____		
Employer: _____		
Name _____	Address _____	

<b>Primary Care Doctor:</b> _____	<b>Phone/Fax:</b> _____
<b>Who referred you to us? Doctor</b> _____	<b>OR other:</b> _____

<b>Primary Insurance:</b> _____	<b>Policy Holder:</b> _____
<b>Secondary Insurance:</b> _____	<b>Policy Holder:</b> _____

I authorize this office to release my health information to my Emergency contact(s):

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

I have provided true and accurate information above. I realize that I will be responsible in full for any service not covered by my insurance carrier(s). I realize that I am responsible for any charges incurred due to incorrect information I have provided.

_____ Responsible Party Signature	_____ Relationship	_____ Date
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Ernesto Ruiz-Huidobro, MD, FAAAAI

\_\_\_\_\_  
(Your name/child's name)

\_\_\_\_\_  
(Nickname?)

\_\_\_\_\_  
(Age)

\_\_\_\_\_  
(Date of visit to our office)

\_\_\_\_\_  
(Name of parent or guardian if applies)

Welcome to Allergy and Asthma Healthcare! It is our obligation to provide for you the best care we can offer for your allergy and asthma needs. By using the following questionnaire, please describe your symptoms to us in as detailed a manner as possible so we will gain a full understanding of what you are experiencing. Please be careful to relate all answers to your own experience, not to previous advice on allergy or skin tests. Answer only the questions that apply to you.  
***All information will be considered confidential***

**PLEASE NOTE THAT THESE PAGES WILL BECOME A PART OF YOUR OFFICIAL RECORD AT OUR OFFICE.**



















