Myrtle Medical Center
416 S. Myrtle Avenue • Monrovia, CA 91016
Tel: (626) 357-3296 • Fax: (626) 359-5608
Dr. Peter C. Balacuit • Dr. Donald B. Balacuit

BASIC INFORMATION

❑ Mr. ❑ Mrs. ❑ Miss ❑ Ms.	**First Name***	Middle Name	**Last Name***	❑ Jr. ❑ Sr. ❑ Esq. ❑ Phd. ❑ Other _____
Home Phone	Cell phone	Work phone		
Address		Email Address		

Emergency Contact	First Name	Middle Name	Last Name	Relationship
	Phone #:			
Parent's name if minor:	First Name	Middle Name	Last Name	

DEMOGRAPHIC INFORMATION

Social Security Number	Birthday: Month/Date/Year*	Gender*. ❑ F ❑ M

Race/Ethnicity*
❑ African-American ❑ Asian
❑ Hispanic/Latino
❑ Middle Eastern ❑ Native American
❑ Pacific Islander
❑ White ❑ _____

Languages* (Check all that apply): ❑ English ❑ Spanish ❑ Arabic ❑ Armenian
❑ Bengali ❑ Burmese ❑ Cantonese ❑ Chamorro ❑ Dutch ❑ Farsi ❑ Filipino
❑ Finnish ❑ French ❑ German ❑ Greek ❑ Hebrew ❑ Hindi ❑ Italian ❑ Japanese
❑ Khmer ❑ Korean ❑ Lao ❑ Mandarin ❑ Portugese ❑ Russian ❑ Samoan
❑ Serbo-Croatian ❑ Tamil ❑ Thai ❑ Turkish ❑ Urdu ❑ Vietnamese
❑ Other: _____

INSURANCE INFORMATION

Policyholder First Name*	Middle Name	**Last Name***

Payer* (Medicare, Kaiser, AARP, Blue Cross, etc)	❑ Primary
Payer (Medicare, Kaiser, AARP, Blue Cross, etc)	❑ Secondary
Payer (Medicare, Kaiser, AARP, Blue Cross, etc)	❑ Tertiary

Plan Name*	**Plan Type*** ❑ Tertiary ❑ Medicaid ❑ Medicare ❑ HMO ❑ PPO ❑ POS ❑ EPO ❑ Group ❑ Other _____
Start Date*	End Date*
Insured ID Number*	Group Number