



North Coast Urology Medical Associates, Inc.
3609 Vista Way, Oceanside, CA 92056
Phone: 760-637-2500. Fax: 760-637-2501

Bradley L. Frasier, M.D. / Michael P. Guerena, M.D.
Caroline J. Vilchis, M.D. / Robert H. Shapiro, M.D. / Joel E. Rosenberg, M.D.

PATIENT INFORMATION

Appointment Date: ____/____/____ SSN: _____

Name: _____ Date of Birth: ____/____/____ Age: _____ Sex: F M

Address: _____

City: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

May we leave messages on your voice mail? Yes: _____ No: _____

Would you like to receive a text reminder about your appointments? Yes: _____ No: _____

Email address: _____

What is your preferred method of contact?

phone: _____ email: _____ mail: _____ no preference: _____

Occupation: _____ Employer: _____

Marital Status: (circle one) Single Married Divorced Widowed Widowed

Name of Closest Relative: _____ Phone Number: _____

Do you authorize this office to discuss your care or treatment with any parties beside yourself? Yes: _____ No: _____

If yes, list name and relationship to you:

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

Name of Primary Care Physician: _____

Demographic Information: These questions are included to comply with the new Federal Health guidelines. We are required to ask for this information. You may decline to answer. Decline to Answer: _____

Race: _____ Ethnicity: _____ Preferred Language: _____