



East Valley Diabetes & Endocrinology
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Patient name (First and Last): _____ SSN: _____

Date of birth: ____/____/____ Sex: ___M or ___F Marital Status: ___S ___M ___W ___D

Mailing Address: _____ Apt/Lot: _____

City: _____ State: _____ ZIP: _____

Primary phone: (____) _____ - _____ Secondary phone: (____) _____ - _____

Email Address: _____

Emergency Contact - Name: _____ Relation: _____ Phone: (____) _____ - _____

Primary care provider: _____ PCP Phone: (____) _____ - _____

How did you hear about us? ___Physician (Name: _____) ___Friend ___Website
___Internet search ___Other: _____

Pharmacy name + location: _____ Phone: (____) _____ - _____

Patient Employer: _____

Primary insurance company: _____ Policy: _____ Group: _____

Policy holder/guarantor: _____ Date of Birth: ____/____/____

Relation to Patient: _____ Policy holder/guarantor's Employer: _____

Phone number: (____) _____ - _____ Policy holder/guarantor's SSN: _____

Secondary insurance company: _____ Policy: _____ Group: _____

Policy holder/guarantor: _____ Date of Birth: ____/____/____

Relation to Patient: _____ Policy holder/guarantor's Employer: _____

Phone number: (____) _____ - _____ Policy holder/guarantor's SSN: _____

Who may receive information regarding your Protected Health Information?

Name: _____ Date of Birth: ____/____/____ Relation: _____

Name: _____ Date of Birth: ____/____/____ Relation: _____

Name: _____ Date of Birth: ____/____/____ Relation: _____

Name: _____ Date of Birth: ____/____/____ Relation: _____

May we leave messages regarding test results and appointments on your answering machine? ___Yes___No

I have received a copy of the Privacy Rules from this provider and authorized the above list of persons who may receive my Protected Health Information. I may revoke this at any time by giving written notification to this provider.

Signature _____ Date: ____/____/____

___Patient ___Parent/Gaurdian

IF YOU HAVE TWO INSURANCE COMPANIES, PLEASE PRESENT BOTH CARDS SO THAT WE MAY FILE WITH YOUR SECONDARY CARRIER FOR ANY BENEFITS DUE TO YOU.