

Northern California Orthopaedic Associates
NEW PATIENT REGISTRATION

Patient Name	Date of Birth	M / F / Other
SSN:	Marital Status: Single / Married / Divorced / Widowed	
Address/City/ST/Zip:		
Email:		
Home Tel #:	Cell #:	

Employed? Yes / No / On Disability	Occupation:	Employer:
Address:		
City/ST/Zip:		
Work Tel #:	EXT:	

(Only fill out this section if patient is a minor)

Mother/ Father's Name:	Guardian's Name:
SSN:	SSN:
Date of Birth:	Date of Birth:
Address:	Address:
City/ST/Zip:	City/ST/Zip:
Home Tel #:	Home Tel #:
Cell #:	Cell #:
Occupation:	Occupation:
Employer:	Employer

Patient/Parent/Guardian Signature:

Date:

Phong Le, DPM
Foot and Ankle Surgery

Maria Janelle Spears, PA-C
Physician Assistant



Ron James, MD
Orthopedic Surgery

Michael Cerruti, MD
Orthopedic Surgery

No photography, audio or video recording

Please note there is no audio recording, video recording, or photography of any kind allowed while inside the clinic. As a health care provider it is essential for us to protect out patient's health information as stipulated by the Health Insurance Portability and Accountability Act (HIPAA), and this is yet another measure to ensure that information is protected. If you have any questions about this, please feel free to ask a member of the staff for clarification.

By signing below, I have read the above statement and I agree to not record any audio/video or take photographs while in the clinic.

Print Patient Name

Signature of Patient or Legal Guardian

Print name of Legal Guardian (if applicable)

Date

75 Scripps Dr.
Sacramento, CA 95825

PHONE 916-512-6262
FAX 916-512-6262
EMAIL ncoasacramento@gmail.com