

**PEDIATRIC GEMS  
EDMOND SARRAF, MD**

450 N. Bedford Dr. Ste 209  
Beverly Hills, CA 90210  
310-888-7778

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Sex \_\_\_ Male \_\_\_ Female Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Social Security Number if available \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell Phone# \_\_\_\_\_

**Siblings**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Have Any of Your Children Been Seen In This Office Before if So Who \_\_\_\_\_

**Relative/Guardian 1**

\_\_\_ Mother \_\_\_ Father \_\_\_ Step-Mother \_\_\_ Step-Father \_\_\_ Other  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ E-mail address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mother's Occupation: \_\_\_\_\_  
Father's Occupation: \_\_\_\_\_

**Relative/Guardian 2**

\_\_\_ Mother \_\_\_ Father \_\_\_ Step-Mother \_\_\_ Step-Father \_\_\_ Other  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ E-mail address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Primary Insurance Carrier \_\_\_\_\_ Effective Date \_\_\_ / \_\_\_ / \_\_\_  
Subscriber ID# \_\_\_\_\_ Group ID# \_\_\_\_\_  
Subscriber Name \_\_\_\_\_ DOB \_\_\_\_\_ Employer \_\_\_\_\_

Secondary Insurance Carrier \_\_\_\_\_ Effective Date \_\_\_ / \_\_\_ / \_\_\_  
Subscriber ID# \_\_\_\_\_ Group ID# \_\_\_\_\_  
Subscriber Name \_\_\_\_\_ DOB \_\_\_\_\_ Employer \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorization to Sign for Medical Treatment Other Than Parent/Guardian \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that emails are not a secured source of communication, if you still wish to be contacted via email please provide us with you current email address and sign below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

