



Last Name	First Name	SSN	Driver Lic or CA ID #	Credit Card # with PIN or access code	Health Insurance #	Med Record #	Date of Birth	Address	Out of State (indicate state)	Non Covered Entity Patient (indicate)	Telephone #	Email address	Medical DX	Lab Results	Treatment Plan	Medications	Other Health information (Indicate Whose)	Sensitive Info, i.e., drug/alcohol, mental hlth, HIV, genetic testing (indicate)	Comments