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GLOBAL HEALTH & SPORTS INSTITUTE

Yuanchun Jane Huang DAC.
Lee Furukawa D.C

First Name Last Name Middle Initial Age Birth Date

Address Unit # City State Zip Code

Email Address # 1 Email Address # 2

Home Phone Cell Phone Work Phone (check for primary number)

Social Security # Driver's License # Gender Marital Status Spouse Name

Employer Name Occupation Work Address

Physician Name Specialty Phone # Address

Insurance Carrier Member # Name of Insured Relationship to Insured

Emergency Contact Name Relationship Phone #1 Phone #2

X _____ X _____ X _____
Signature of Patient Signature of Parent/Guardian (patient under 18 yrs old) Date