



NEW PEDIATRIC PATIENT INFORMATION

Date: _____

(Please list ALL children in the family that are patients at this practice ages 18 and under.)

	Child 1	Child 2
Last Name	_____	_____
First Name	_____	_____
Middle	_____	_____
DOB	_____	_____
Nickname	_____	_____
Preferred Language	_____	_____
Ethnicity	_____	_____

<p>Preferred Pharmacy: Name: _____ Address: _____ _____ Phone number: _____ Alternative Pahrmary: _____</p>

PARENTAL INFORMATION

MOTHER/LEGAL GUARDIAN

Name _____
DOB _____ SSN# _____
Mailing Address _____
City _____ State _____ Zip Code _____
Cell Phone _____
Alternate Phone _____
Employer _____
Marital Status
 Single Married Divorced Widowed
Preferred Language _____
 Step Mother [IF applicable]

FATHER/LEGAL GUARDIAN check if SAME address

Name _____
DOB _____ SSN# _____
Mailing Address _____
City _____ State _____ Zip Code _____
Cell Phone _____
Alternate Phone _____
Employer _____
Marital Status
 Single Married Divorced Widowed
Preferred Language _____
 Step Father [IF applicable]

Who do the children reside with? Father Mother Other _____

Who has legal custody of the child/children? Both Father Mother Other _____

Please provide any applicable legal documents.

Who is responsible for the medical bills? Father Mother Other _____

Which phone # should we list as your primary contact? _____ **Is it ok to leave a message at this #?** _____

What is your preferred method of communication? Phone _____ OK to leave a message? _____

Email _____ OK to send email regarding billing/medical? _____

INSURANCE INFORMATION

****PLEASE NOTE: YOU WILL BE ASKED TO PRESENT YOUR INSURANCE CARD AT EVERY VISIT****

PRIMARY INSURANCE

Insurance Company _____
Member/Subscriber# _____
Group # _____
Issue/Effective Date _____
Employee's Name _____
Employee's DOB _____
Employer _____

SECONDARY INSURANCE

Insurance Company _____
Member/Subscriber # _____
Group # _____
Issue/Effective Date _____
Employee's Name _____
Employee's DOB _____
Employer _____

EMERGENCY CONTACT (Other than Parent)- If applicable

Name _____ Relationship _____
Cell Phone _____ Alternate Phone _____

SIGNATURE OF PARENT/GUARDIAN: _____ **Date:** _____