



PATIENT INFORMATION
PEDIATRIC

Today's Date: _____

Patients name: _____ Male Female other _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Race (check one - optional): african american american indian/alaskan native Asian Native Hawaiian/
Pacific Islander Other White

Ethnicity(optional): Not Hispanic/Latino Hispanic/Latino

Preferred language: English Portuguese Spanish Other _____

Primary parent/guardian: _____ Date of Birth _____

Phone: Home _____ Work _____ Cell _____ Emergency _____

Ok to leave a voice mail? No | Yes (select all that apply) Brief Extended At home Cell

Address (if different from above): _____ City _____ State _____ Zip _____

E-mail: _____

Secondary Parent/Guardian: _____ Date of Birth _____

Phone: Home _____ Work _____ Cell _____ Emergency _____

**** Note: please list at least 2 phone numbers in addition to an emergency number.****

Pharmacy Name: _____ Address: _____ City _____

INSURANCE AND BILLING INFORMATION

Person responsible for billing: Father Mother Other

Billing address: _____ City _____ State _____ Zip _____

Phone: _____

Primary insurance: _____ Effective date _____ copay _____

Subscribers name: _____ DOB: _____

ID#: _____ Group ID: _____

Secondary insurance: _____ Effective date _____ copay _____

Subscribers name: _____ DOB: _____

ID#: _____ Group ID: _____

I, the undersigned, verify that the information listed above is true and accurate to the best of my knowledge. Any changes to the information listed have been made and initialed.

RELEASE OF INFORMATION AUTHORIZATION: I, the undersigned, authorize the release of any information required in the course of my treatment to my insurance carrier or other health provider I am consulting.

ASSIGNMENT OF BENEFITS AUTHORIZATION: I, the undersigned, assign to the provider(s) or supplier all insurance payments for the medical services rendered. I also acknowledge personal responsibility for payment of all medical fees in the event they are not paid by my insurance plan.

SIGNATURE: _____ DATE: _____