

PEDIATRIC PATIENT REGISTRATION FORM

Today's Date: _____ **Clinic Name:** _____

PATIENT INFORMATION: (Please use full legal name, no nicknames please)

Last Name: _____ **First Name:** _____ **Middle Name:** _____
Address: _____ **SS#** _____
City: _____ **State:** _____ **Zip:** _____
Home Phone #: (____) _____ **Cell Phone:** (____) _____
Date of Birth: _____ **Age:** _____ **Sex:** Female [] Male []
Emergency Contact Name: _____ **Emerg Phone #:** (____) _____ - _____

PARENT INFORMATION: (List person or Insured name responsible for bill – use full legal name, no nicknames please)

****Person responsible for Bill:** _____ **Mother** _____ **Father** _____ **Other** _____
Other person who can give consent if parents cannot be reached (MUST BE A RELATIVE), please provide name and relationship:

****Mom's First & Last Name:** _____ **DOB:** _____ **SS#:** _____
Mother's Maiden Name: _____ **Mother's Work Phone #** _____
****Dad's First & Last Name:** _____ **DOB:** _____ **SS#:** _____
Married _____ **Divorced:** _____ **Single:** _____ **Mom's Cell:** _____
Home Phone #: (____) _____ - _____ **Dad's Cell:** _____ **Dad's Work Phone #** _____
Address (if different from above) _____

Please provide name of patients siblings: _____

INSURANCE INFORMATION: (Please allow receptionist to photocopy your insurance ID cards)

PRIMARY INSURANCE:

****Policy Holder's name :** _____ **Insurance Name:** _____
****Policy Holder's Social Security #:** _____ ****Policy Holder's DOB:** _____
****Policy / ID #:** _____ **Group #:** _____ **Eff Date:** _____
Insurance Claims Address & Phone: _____

SECONDARY INSURANCE:

****Policy Holder's name :** _____ **Insurance Name:** _____
****Policy Holder's Social Security #:** _____ ****Policy Holder's DOB:** _____
****Policy / ID #:** _____ **Group #:** _____ **Eff Date:** _____
Insurance Claims Address & Phone: _____
**** Required Fields** Please attach a copy of patient's insurance card in addition to completing all information on this form.

Please read and sign back of form.