



Patient Registration Information

CHILD'S FULL NAME _____ (F / M) DOB: _____

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CHILD'S FULL NAME _____ (F / M) DOB: _____

CHILD'S FULL NAME _____ (F / M) DOB: _____

PRIMARY PH# _____ EMAIL _____

ADDRESS _____ CITY _____ STATE ___ ZIP _____

PHARMACY LOC _____ PH# _____

INSURANCE & GUARANTOR INFORMATION

SUBSCRIBER NAME (FULL) _____

SUBSCRIBER D.O.B _____ SS# _____

RELATIONSHIP TO THE PATIENT _____

INSURANCE COMPANY NAME _____

MEMBER ID# _____ GROUP ID# _____

PARENT / GUARDIAN INFORMATION

MOTHER'S NAME (FULL) _____

D.O.B _____ SS# _____

CELL PH# _____ WORK PH# _____

EMPLOYER _____

ADDRESS (if different) _____

FATHER'S NAME (FULL) _____

D.O.B _____ SS# _____

CELL PH# _____ WORK PH# _____

ADDRESS (if different) _____

PLEASE FILL OUT EACH PAGE



EMERGENCY CONTACT

NAME (LAST, FIRST, M.I.) _____

PRIMARY PH# _____ CELL PH# _____

RELATIONSHIP _____ EMAIL _____

CAN WE DISCLOSE MEDICAL & BILLING INFORMATION TO THIS CONTACT? YES NO

AUTHORIZATION: Non-Parent or Guardian to Accompany the Patient

There may be times when you are unable to bring your child to the office for an appointment and need to rely on a family or friend. However, we must have a written authorization letter allowing this person to accompany your child(ren). We require the person bringing your child to present a photo identification at the time of service.

This authorization gives the person(s) below the permission to bring your child(ren) in, speak to the doctor, give authorization for treatment, vaccinations, medication, billing, certain procedures, and make general health decisions. You further authorize them to see all necessary medical reports and make urgent health care decisions in the event you cannot be reached or when it is of an emergency where there is not enough time to seek out specific consent.

NAME (FULL) _____ RELATIONSHIP _____

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I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND CORRECT. FURTHERMORE, I UNDERSTAND IT IS MY RESPONSIBILITY AND DUTY TO INFORM HEALING CARE PEDIATRICS SHOULD ANY OF THE ABOVE INFORMATION CHANGE IN THE FUTURE.

PARENT / GUARDIAN NAME _____

SIGNATURE _____ DATE _____