MOUNT MEEKER PEDIATRICS

New Patient Registration

Please complete and submit **all** pages, along with a copy of your insurance card, via our Spruce portal. Or, bring completed forms with you to your first appointment.

Child Information: Please list all children receiving care with us:

Legal Name: **Preferred Name:**	**DOB:**	☐ **Male** ☐ **Female** ☐ **Nonbinary/other**	**Hispanic/Latino?** ☐ **Yes** ☐ **No**
Legal Name: **Preferred Name:**	**DOB:**	☐ **Male** ☐ **Female** ☐ **Nonbinary/other**	**Hispanic/Latino?** ☐ **Yes** ☐ **No**
Legal Name: **Preferred Name:**	**DOB:**	☐ **Male** ☐ **Female** ☐ **Nonbinary/other**	**Hispanic/Latino?** ☐ **Yes** ☐ **No**

Special Needs (include any specific cultural needs, child fears, disabilities, or other notes to make you and your child's doctor visit more comfortable): _____

_____

_____

If newborn, what is the expected date of delivery (EDD?) _____

Hospital Name: _____

Parent/Guardian 1:

Name: _____

Address: _____

Phone: _____

DOB: _____

Email: _____

Occupation: _____

Parent/Guardian 2:

Name: _____

Address (if different from Parent/Guardian 1):

_____

Phone: _____

DOB: _____

Email: _____

Occupation: _____

If applicable, at which residence does your child primarily reside? ☐ With Parent/Guardian 1 ☐ With Parent/Guardian 2

Other Guardian:

Name: _____ Address: _____

Relationship: _____ Phone: _____

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Previous Pediatrician: _____

How did you learn about us? _____

Insurance Information

Insurance: _____ ID #: _____

Subscriber Name: _____ Group #: _____

Address: _____

Subscriber DOB: _____ _____

Preferred Pharmacy

Pharmacy Name: _____ Phone: _____

Address: _____