Pediatric Care Specialists
An Affiliate of Children's Mercy

New Patient Registration

(913) 906-0900
www.pedcarespecialists.com
7400 W. 129th St. Suite 200
Overland Park, KS 66213

Child 1:

Last Name: _____
First Name: _____
Middle Initial: _____
Date of Birth: / /
Gender: ☐ Male ☐ Female
Race: _____
Ethnicity: _____

Child 2:

Last Name: _____
First Name: _____
Middle Initial: _____
Date of Birth: / /
Gender: ☐ Male ☐ Female
Race: _____
Ethnicity: _____

Child 3:

Last Name: _____
First Name: _____
Middle Initial: _____
Date of Birth: / /
Gender: ☐ Male ☐ Female
Race: _____
Ethnicity: _____

Physical Residence:

Street Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: ( ) -
Patient Resides with (circle one): Both Parents Father Mother Other
Parents Marital Status (circle one): Married Divorced Single Separated Widowed

Insurance Information:

Who Carries Insurance (circle one): Father Mother Other
Primary Insurance Provider:
Policy Number: Group Number:

Parent 1:

☐ Father ☐ Mother ☐ Other
Last Name: _____
First Name: _____
Date of Birth: / /
SSN: _____
Cell Phone: _____
Email: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Employer: _____

Parent 2:

☐ Father ☐ Mother ☐ Other
Last Name: _____
First Name: _____
Date of Birth: / /
SSN: _____
Cell Phone: _____
Email: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Employer: _____