PATIENT REGISTRATION FORM

Please PRINT LEGIBLY and COMPLETE ALL information on this form.

Child's Name _____ **DOB** _____

Please list all children:

Last	First	DOB	Resides with

MOTHER'S INFORMATION: Name: _____

DOB _____ **Last** **First** **Middle**

Address: _____

Occupation: _____ **Cell Phone #:** _____ **Home Phone #:** _____

E-mail address: _____ **What is your preferred method for reminder calls: Please Circle**

Text to Cell **E-mail**

This e-mail address will be used to grant access to the patient portal.

For safety and compliance each parent must use their own individual e-mail address for access.

FATHER'S INFORMATION: Name: _____

DOB _____ **Last** **First** **Middle**

Address: _____

Occupation: _____ **Cell Phone #:** _____ **Home Phone #:** _____

E-mail address: _____ **What is your preferred method for reminder calls: Please Circle**

Text to Cell **E-mail**

This e-mail address will be used to grant access to the patient portal.

For safety and compliance each parent must use their own individual e-mail address for access.

INSURANCE INFORMATION:

Child's Primary Insurance Info: _____ **ID No:** _____

Child's Secondary Insurance Info: _____ **ID No:** _____

If there is a PCP listed on the Insurance card, please make sure it is one of our providers.
We will not be able to provide any services unless we are the PCP on the card.

PLEASE LIST ALL INDIVIDUALS THAT HAVE YOUR CONSENT TO BE INVOLVED WITH YOUR CHILD'S HEALTH CARE & MIGHT ACCOMPANY THEM TO OUR OFFICE FOR APPOINTMENTS.

PLEASE NOTE - if an individual's name does not appear on this list and presents your child to this office for treatment, they will be asked to reschedule the appointment at which time they can provide us with your authorization for treatment.

Names and Legal Relationship to the child:

1. _____ 2. _____

3. _____ 4. _____

In order for compliance with Meaningful Use Mandate the Federal Government requires us to ask the following questions:

Your Primary Language: _____

Ethnicity: (Please circle one) Hispanic or Latino Not Hispanic or Latino Decline to answer

Race: (Please circle one). Asian Black Hawaiian or Pacific Islander White. Decline to answer

Signature of responsible party: _____ **Legal Relationship:** **Date:** _____