Hartford Area Pediatrics, P.C.
Thomas Binder, M.D.   Meredith Barrows, M.D.
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21B Arts Center Court Avon, CT 06001
Phone 860-678-9400 – Fax 860-678-9480
info@hapediatrics.com

Date_______________

Patient Name: ___________________________________ Last _____________________________________ MI ___________

Sex _____ DOB____ /____ /_____ StreetAddress____

City: __________________________________State: ___________ Zip: _____________ County: _____________________

Primary # (Home/Cell) ___________________________Secondary # (Home/Cell) _________________________________

Preferred Pharmacy: ____ City _________________________ State ___________

Preferred email: ____

**Providing your email and cell will give you access to our Patient Portal, Healow app, and receive communications from our office confirming appointments, statement information and office updates. **

Parent /Guardian #1:

First Name:_________________Last:________________

DOB___/___/_______ Address: Same as above ☐

Address: ____

City: ___________________ State: _______ Zip: _______

Home #_________________Cell#_____________________

Does this person hold the insurance? ☐Yes ☐No

Insurance: ____

ID#: _____________________Group# _______________

Parent/ Guardian #2:

First Name:_________________Last:________________

DOB___/___/_______ Address: Same as above ☐

Address: ____

City: ___________________ State: _______ Zip: _______

Home #_________________Cell#_____________________

Does this person hold the insurance? ☐Yes ☐No

Insurance: ____

ID#: _____________________Group # _______________

Emergency Contact: (if other than Guardian)

Name: ____

Address: ____
City: _________________State: _____ Zip: ___________
Phone: _________________Relation_________________

Patient Information:

Primary Language: ☐ English ☐ Spanish ☐ Other

Ethnicity: ☐ Hispanic or Latino ☐ Decline to specify ☐ Non-Hispanic or Latino

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or another Pacific Islander ☐ Black or African American ☐ White ☐ Other ☐Decline to specify

Sibling Information

First Name: _______________________________ Last _______________________________ Sex ______ DOB ____/____/_____

First Name: _______________________________ Last _______________________________ Sex ______ DOB ____/____/_____

First Name: _______________________________ Last _______________________________ Sex ______ DOB ____/____/_____