PATIENT REGISTRATION

VIP Pediatrics Today's Date: _____

CHILD

_____ _____
Full Name Date of Birth

_____
Address where child lives (Street and Apt #, City, State, and Zip)

_____ Sex : ☐ Male ☐ Female
Telephone Number where child lives

_____ _____
Who referred patient? Pharmacy Phone Number

PARENT #1

_____ _____
Full Name Date of Birth

Sex : ☐ Male ☐ Female SS#_____ Driver's License # _____

_____
Address (if different from where child lives) (Street and Apt #, City, State, and Zip)

_____ _____
Home Telephone Number Cellular Telephone Number

_____ _____
Work / Day Telephone Number Occupation / Employer

PARENT #2

_____ _____
Full Name Date of Birth

Sex : ☐ Male ☐ Female SS#_____ Driver's License # _____

_____
Address (if different from where child lives) (Street and Apt #, City, State, and Zip)

_____ _____
Home Telephone Number Cellular Telephone Number

_____ _____
Work / Day Telephone Number Occupation / Employer

Check in the box next to any of the above telephone numbers if you would like to have messages with specific medical information (labs, etc.) on this patient recorded on Voice Mail associated with the number.
☐ Check here if we have your permission to leave messages with specific medical information at this E-Mail address _____

Updated 2012

PATIENT REGISTRATION

SIBLINGS

Full Name	Date of Birth	
_____	_____	Male Female
_____	_____	Male Female
_____	_____	Male Female
_____	_____	Male Female
_____	_____	Male Female

EMERGENCY

_____
Full Name of Adult #1 NOT living with child to contact in case of Emergency

_____
Address of Emergency Contact #1 (Street and Apt #, City, State, and Zip)

_____ _____
Telephone # of Emergency Contact #1 Relationship to Patient

_____
Full Name of Adult #2 NOT living with child to contact in case of Emergency

_____
Address of Emergency Contact #2 (Street and Apt #, City, State, and Zip)

_____ _____
Telephone # of Emergency Contact #2 Relationship to Patient

PAYMENTS

_____ _____
Full Name of person legally responsible for Payments Relationship to Patient

SS#_____ Driver's License # _____

_____
Address (if not where child lives) (Street and Apt #, City, State, and Zip)

_____ _____
Home Telephone Number Day or Alternate Telephone Number

Updated 2012