ISLAND COAST PEDIATRICS

REGISTRATION FORM

(Please Print Legibly and Complete Entire Form in Black Ink Only)

Print Reset

Primary Physician: **Account#:**

PATIENT INFORMATION

Patient's Full Name: DOB: Sex:

Patient's Street Address: City: State: Zip:

Race: (check one) ☐ American Indian or Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Declined

Preferred Language:

Ethnicity: (check one) ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Declined

Preferred Pharmacy Name: _____ Location: _____ Phone#: _____

PARENTAL/GUARDIAN INFORMATION

Parent or Legal Guardian

Name: _____

DOB: _____ SS#: _____

Relationship to Patient: _____

☐Address same as pt.

Mailing Address: _____
Street Address

_____
City State Zip

Primary Phone #: (_____) _____ - _____ H W C

Secondary Phone#: (_____) _____ - _____ H W C

Employer: _____

Parent or Legal Guardian

Name: _____

DOB: _____ SS#: _____

Relationship to Patient: _____

☐Address same as pt.

Mailing Address: _____
Street Address

_____
City State Zip

Primary Phone #: (_____) _____ - _____ H W C

Secondary Phone#: (_____) _____ - _____ H W C

Employer: _____

MEMBERS LIVING IN HOUSEHOLD OTHER THAN GUARDIANS

NAME	DOB	RELATIONSHIP TO PT	NAME	DOB	RELATIONSHIP TO PT
1.			4.		
2.			5.		
3.			6.		

IN CASE OF EMERGENCY

Name of Emergency Contact(not living at same address & **other than guardian**) :_____

Relationship to Patient: _____ **Contact #:** _____

APPOINTMENT CONFIRMATION

☐ I prefer to be sent a text at: _____ ☐ I prefer to be called at: _____

I can be emailed at: _____

Note: By providing my email address, I authorize email contact by Island Coast Pediatrics

I WAS REFERRED TO ISLAND COAST PEDIATRICS BY:

☐SWFL Premier OB ☐Lee Health OB ☐Other OB ☐Community Event ☐Insurance List ☐SW FL Parent and Child
☐ICP Website ☐ICP Facebook Page ☐Web Search ☐Chamber of Commerce ☐Family and Friends

Guarantor Signature _____ **Relationship to Patient**:_____

Date: _____ Reviewed by: _____ Entered by: _____
(Office Use Only) (Office Use Only)