PRIMARY
MED CLINIC

Patient Registration (Pediatric 17 & under)

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth (DOB): ____ / ____ / _____ Social Security #: _____-_____-_____

Gender: ☐ Male ☐ Female ☐ Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Race: ☐ American Indian ☐ Asian ☐ Black/Afrian American ☐ Caucasian ☐ Native Hawaiian/Pacific Islander ☐

Other: _____ ☐ Decline to specify

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Decline to specify

Preferred Language: _____

PARENT/GUARDIAN

Mother Name: _____

Date of Birth (DOB): ____ / ____ / _____

Father Name: _____

Date of Birth (DOB): ____ / ____ / _____

Guardian Name: _____

Date of Birth (DOB): ____ / ____ / _____

☐ Address same as patient

Address:_____

City: _____ State: _____ Zip:_____

Home Phone: _____ Okay to leave a message? ☐ Yes ☐ No

Mobile Phone: _____ Okay to leave a message? ☐ Yes ☐ No

Email Address: _____

INSURANCE

Primary Insurance: _____Member ID: _____ Group#:_____

Secondary Insurance: _____Member ID: _____ Group#:_____

Is the patient the insurance policy holder? ☐ Yes ☐ No

If NO, indicate patient's relationship to policyholder: ☐ Parent ☐ Guardian ☐ Other:_____

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PRIMARY
MED CLINIC

Complete this section *ONLY* if the patient is *NOT* the insurance subscriber or is under 18 years old.

Name of Responsible Party:_____ SS# _____- _____- _____
Date of Birth:_____
Address:_____
City: _____
State:_____Zip:_____
Home Phone: _____
Mobile Phone: _____

PREFERRED PHARMACY

Pharmacy Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

EMERGENCY CONTACT

Emergency Contact : _____ Relationship:_____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Mobile Phone: _____

NEXT OF KIN ☐ *Same as Emergency Contact*

Next of Kin: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Mobile Phone: _____

Signature

I certify that the above information is true and complete to the best of my knowledge.

_____ Date: ___ / ___ / _____
Parent/Guardian Signature