

**NEW PATIENT FORM**

<b>PATIENT</b>					
Name (Last, First, MI)	Social Security	Age	Date of Birth	Sex	Home Phone

<b>PARENT/LEGAL GUARDIAN</b>					
Name (Last, First, MI)	Social Security	Age	Date of Birth	Sex	Home Phone
Mailing Address	City	State	Zip Code	Cell Phone	
Employer	City	State	Zip Code	Work Phone	Email

<b>INSURANCE INFORMATION</b>				
<b>Primary Insurance Company</b>	Subscriber's Name	Relationship to Child	Policy Number	Co pay
	Date of Birth	Social Security	Group Number	
		Effective Date of Policy	Deductible	
<b>Secondary Insurance Company</b>	Subscriber's Name	Relationship to Child	Policy Number	Co pay
	Date of Birth	Social Security	Group Number	
		Effective Date of Policy	Deductible	

**Patient Release:**

I certify the information that I have provided is correct. I authorize the release of medical information necessary to process insurance claims to insurance companies or their agencies (including Medicaid) for purpose of filing and payment of medical claims. I authorize payment of medical benefits to the provider. I permit a copy of this release to be used in place of the original.

Signature: \_\_\_\_\_  
(Signature of insured or authorized person, or parent if minor)

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

<b>EMERGENCY CONTACT INFORMATION</b>			
Name	Relationship	Home Phone	Cell Phone

<b>Family/ Guardian Information</b>		
<b><u>Mother</u></b>	Date of Birth	Social Security Number
Occupation	Employer	Work Phone
Address if different from patient	City & State	Zip Code
<b><u>Father</u></b>	Date of Birth	Social Security Number
Occupation	Employer	Work Phone
Address if different from patient	City & State	Zip Code
<b><u>Guardian</u></b>	Date of Birth	Social Security Number
Occupation	Employer	Work Phone
Address if different from Patient	City & State	Zip Code

**I hereby authorize the following people to seek medical treatment for my child in my absence:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_