

Pediatrics P.C. Family Information Sheet

UPDATED _____
MO/YR

MOTHER

Name _____

DOB _____ Marital Status S M D W

Name of Spouse _____

Address _____
Street

City State Zip

Social Security # _____

Phone Numbers:

Home _____ Cell _____

Work _____ Pager _____

Occupation _____

Employer _____

Insurance Coverage for Children

Primary _____ Subscriber _____ DOB _____ Contract# _____ Grp# _____

Secondary _____ Subscriber _____ DOB _____ Contract# _____ Grp# _____

Other _____ Subscriber _____ DOB _____ Contract# _____ Grp# _____

CHILDREN

DOB M/F Name (last) (first) (M.I.) Primary Address SS#

Name and phone/cell number of person to contact in case of emergency _____

Whom do you authorize to obtain medical care for your children? May we discuss medical information with them?

Name _____ Relationship _____ Yes/No

Name _____ Relationship _____ Yes/No

Name _____ Relationship _____ Yes/No

Is there a court order for any of your children regarding legal or physical custody? 0 Yes 0 No If yes, please provide copies of the court order.

I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION FOR ALL CHILDREN FOR THE PURPOSES OF PAYMENT, TREATMENT, OR HEALTH CARE OPERATIONS.

Parent Signature _____

FATHER

Name _____

DOB _____ Marital Status S M D W

Name of Spouse _____

Address _____
Street

City State Zip

Social Security # _____

Phone Numbers:

Home _____ Cell _____

Work _____ Pager _____

Occupation _____

Employer _____