

All About Children Pediatrics

Adult Patient Information Form

Please complete entire form with current and accurate information

Patient (You)

Legal Last Name:	Legal First Name:	Middle Initial:	Nickname:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #:	
Race: (list all that apply)	Primary Language:	Birth Country:	
Home Phone: ()	Email Address:		
Cell Phone: ()	New Patient Portal: Sign me up for Patient Portal Access (requires an email): Yes <input type="checkbox"/> No <input type="checkbox"/>		

Primary Home Address

Street Address:		
City:	State:	Zip:

(circle who you live with the majority of the time)

<input type="checkbox"/> Self	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Sibling
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Parent Information (provide if you are 18-26 years of age)

Mother's Legal Name:	Father's Legal Name:
Address:	Address: (if different from Mother)
City: State: Zip:	City: State: Zip:
Birthdate: SS #: (if known)	Birthdate: SS #: (if known)
Home Phone: Cell Phone: () ()	Home Phone: Cell Phone: () ()
Employer: Employer Phone:	Employer: Employer Phone:
I give All About Children Pediatrics permission to discuss my account/medical care with my Mother (Initial on line of your choice): YES _____ NO _____	I give All About Children Pediatrics permission to discuss my account/medical care with my Father (Initial on line of your choice): YES _____ NO _____

Billing Information (Please be prepared to present your insurance card – Co-pays are due at the time of service)

Primary Insurance Name:	Name of Policy Holder:	Effective Date:
	Relation to Policy Holder: <input type="checkbox"/> Self <input type="checkbox"/> Child	
Secondary Insurance Name:	Name of Policy Holder:	Effective Date:
	Relation to Policy Holder: <input type="checkbox"/> Self <input type="checkbox"/> Child	

Emergency Contact: (other than parent)	Relationship to Patient (You):
Home Phone:	Cell Phone:

Please list the phone number we should call to confirm your upcoming appointments: _____

All About Children can leave a message at the above listed phone number (Initial for your response, **do not check**): YES _____ NO _____

Patient Signature: _____ Date: _____