# All About Children Pediatrics

## Patient Registration/Information Form

***Please complete the entire form with current accurate information***

*List **ALL** children* *Patients 18 and older need to fill out their own form.*

**Child (patient) 1**

| Legal Last Name: | Legal First Name: | Middle Initial: |
|---|---|---|
| Nickname (if applicable): | Date of Birth: | Gender: ☐ Male ☐ Female |
| Race (list all that apply): | Primary Language: | Country Born In: |

**Child (patient) 2**

| Legal Last Name: | Legal First Name: | Middle Initial: |
|---|---|---|
| Nickname (if applicable): | Date of Birth: | Gender: ☐ Male ☐ Female |
| Race (list all that apply): | Primary Language: | Country Born In: |

**Child (patient) 3**

| Legal Last Name: | Legal First Name: | Middle Initial: |
|---|---|---|
| Nickname (if applicable): | Date of Birth: | Gender: ☐ Male ☐ Female |
| Race (list all that apply): | Primary Language: | Country Born In: |

**Child's/Children's Primary Home Address** (*circle who they live with*) **If you circle one of the below, please write their address on the back of this form*

| *Both Parents* | *Mom* | *Dad* | *Grandparent* | *Sibling* | *Legal Guardian* |
|---|---|---|---|---|---|

**Parent Information**

| | |
|---|---|
| Mother's Full Legal Name: | Father's Full Legal Name: |
| Address: | Address: |
| City: State: Zip: | City: State: Zip: |
| Birthdate: SS # | Birthdate: SS # |
| Home Phone: ( ) Cell Phone: ( ) | Home Phone: ( ) Cell Phone: ( ) |
| Employer: | Employer: |
| Email Address for Portal Access: | Patient Portal: Sign us up for Portal Access (email address is required): Yes ☐ No ☐ |

**Parent's Marital Status (circle)**

| *Married* | *Widowed* | *Divorced* | *Not Married* | *Legally Separated* | *Partner* | *Other(state)* |
|---|---|---|---|---|---|---|

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

| Name of Person Responsible For Account Bills: |
|---|

| Primary Insurance Name: | Policy Holder: | Effective Date: |
|---|---|---|
| Secondary Insurance Name: | Policy Holder: | Effective Date: |

**Emergency Contact** – ***Other than Parent***

| Contact: | Relationship to child/children: |
|---|---|
| Home Phone: | Cell Phone: |

**Parent/Legal Guardian Signature**:______________________________ **Date**:____________________

**Printed Name of Signer**:______________________________ **Relationship to Child**:____________________

# All About Children Pediatrics

## Patient Registration/Information Form (page 2)

*** Please list your additional Children below ***

**Child** (patient) **4**

| Legal Last Name: | Legal First Name: | Middle Initial: |
|---|---|---|
| Nickname (if applicable): | Date of Birth: | Gender: ☐ Male ☐ Female |
| Race (list all that apply): | Primary Language: | Country Born In: |

**Child** (patient) **5**

| Legal Last Name: | Legal First Name: | Middle Initial: |
|---|---|---|
| Nickname (if applicable): | Date of Birth: | Gender: ☐ Male ☐ Female |
| Race (list all that apply): | Primary Language: | Country Born In: |

**Child** (patient) **6**

| Legal Last Name: | Legal First Name: | Middle Initial: |
|---|---|---|
| Nickname (if applicable): | Date of Birth: | Gender: ☐ Male ☐ Female |
| Race (list all that apply): | Primary Language: | Country Born In: |

**Child** (patient) **7**

| Legal Last Name: | Legal First Name: | Middle Initial: |
|---|---|---|
| Nickname (if applicable): | Date of Birth: | Gender: ☐ Male ☐ Female |
| Race (list all that apply): | Primary Language: | Country Born In: |

**Child** (patient) **8**

| Legal Last Name: | Legal First Name: | Middle Initial: |
|---|---|---|
| Nickname (if applicable): | Date of Birth: | Gender: ☐ Male ☐ Female |
| Race (list all that apply): | Primary Language: | Country Born In: |

**** If you specified that the patient(s) live with a Grandparent, Sibling, or Legal Guardian, please write their address below:***

| Relative/Guardian's Legal Name: | | | Relative/Guardian's Legal Name: | | |
|---|---|---|---|---|---|
| Address: | | | Address (if different): | | |
| City: | State: | Zip: | City: | State: | Zip: |
| Home Phone: ( ) | Cell Phone: ( ) | | Home Phone (if different): ( ) | Cell Phone: ( ) | |