PRIORITY CARE PEDIATRICS

Preferred Provider:				Today's date:	

PATIENT INFORMATION (PLEASE PRINT)

Last name:	First:	Middle:		Preferred Name:	
Birth date: / /	Age:	Gender: ❑ M	❑ F	❑ Transgender ❑ F to M ❑ M to F	❑ _____
Street address:		Social Security no.:		Primary phone no.: ( )	
P.O. box:	City:	State:		ZIP Code:	
Email:					

For federal requirements, we request the following information; **please choose only ONE each:**

Race: ❑ Asian ❑ American Indian ❑ Native American ❑ Caucasian/White ❑ African-American

❑ Hispanic ❑ Pacific Islander ❑ Other ❑ Decline to Provide

Ethnicity: (Heritage, f.ex. American, Costa Rican, Vietnamese): Preferred Language:

Parent/Guardian #1:	Gender: ❑ M ❑ F	Birth date: / /	Social Security No:	Primary phone no.: ( )	❑ Home ❑ Cell ❑ Work ❑ Other
Address (if different): ❑ Same as patient		Employer:		Secondary phone no.: ( )	❑ Home ❑ Cell ❑ Work ❑ Other
		Occupation:			
Parent/Guardian #2:	Gender: ❑ M ❑ F	Birth date: / /		Social Security No:	Primary phone no.: ( )
Address (if different): ❑ Same as patient		Employer:		Secondary phone no.: ( )	❑ Home ❑ Cell ❑ Work ❑ Other
		Occupation:			

Sibling(s)' name(s):

INSURANCE INFORMATION

(Please give your insurance card to the receptionist.)

Person responsible for bill:	Birth date: / /	Primary phone no.: ( )	❑ Home ❑ Cell ❑ Work ❑ Other
Address (if different):		Secondary phone no.: ( )	❑ Home ❑ Cell ❑ Work ❑ Other

Primary insurance

Subscriber's name:	Subscriber's S.S. no.:	Birth date: / /	Group no.:	Policy no.:	Co-payment: $

Patient's relationship to subscriber: ❑ Self ❑ Spouse ❑ Child ❑ Other

Secondary insurance (if applicable):

Subscriber's name:	Subscriber's S.S. no.:	Birth date:	Group no.:	Policy no.:	Co-payment:

Patient's relationship to subscriber: ❑ Self ❑ Spouse ❑ Child ❑ Other

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Primary phone no.: ( )	Secondary phone no.: ( )

WE WOULD LIKE TO KNOW

How did you hear about us?
(current patient family, family, friend, Facebook, Google, etc.)