



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

**PATIENT INFORMATION**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_ RACE/ETHNICITY: \_\_\_\_\_  
RELIGION: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**RESPONSIBLE PARTY (Parent/Legal Guardian who is responsible for the bill)**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ RELATION TO PT \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_  
CELLULAR PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
WORK ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
INSURANCE NAME: \_\_\_\_\_ ID#: \_\_\_\_\_ GROUP#: \_\_\_\_\_  
INSURANCE ADDRESS: \_\_\_\_\_

*\*Please present insurance card to front desk so they can make a copy of the front and back of the card\**

**OTHER PARENT (Other than responsible party)**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ RELATION TO PT \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_  
CELLULAR PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
WORK ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
INSURANCE NAME: \_\_\_\_\_ ID#: \_\_\_\_\_ GROUP#: \_\_\_\_\_  
INSURANCE ADDRESS: \_\_\_\_\_

*\*Please present insurance card to front desk so they can make a copy of the front and back of the card\**

**ADDITIONAL (EMERGENCY) CONTACT**

NAME: \_\_\_\_\_ RELATION TO PT \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_  
CELLULAR PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_