

Redmond Family Medicine Pediatric Registration Form

Patient Name _____ Date of Birth ____/____/____
First Middle Last
Sex: M F Preferred Language _____ Soc. Security ____-____-____

RESPONSIBLE PARTY INFORMATION:

Name _____ Date of Birth ____/____/____ Sex: M F
First Middle Last
Soc. Security ____-____-____ Preferred Language _____ Email _____

Home Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Home Phone (____) ____-____ Cell Phone (____) ____-____ Work Phone (____) ____-____
 it is okay to leave a voicemail it is okay to leave a voicemail it is okay to leave a voicemail

Which phone number do you prefer we attempt to contact you on first? (please circle one): Home Cell Work

Employer _____ Occupation _____

Employer Address _____

Marital Status _____ Spouse/Partner Name _____ Spouse Date of Birth ____/____/____

Spouse Phone (____) ____-____ Spouse Employer _____

PAYMENT INFORMATION:

Does the patient have Health Insurance?: YES NO Does the patient have more than 1 insurance? YES NO

Primary:
Insurance Company _____ Name of policy holder _____
Relationship (check one): Self Parent Other
Policy Holder's Date of Birth ____/____/____

Secondary (if applicable):
Insurance Company _____ Name of policy holder _____
Self Parent Other
Policy Holder's Date of Birth ____/____/____

THE FOLLOWING PEOPLE HAVE PERMISSION TO SEEK MEDICAL CARE FOR MY CHILD:

Name _____ Relationship _____ Phone (____) ____-____
First Middle Last

Name _____ Relationship _____ Phone (____) ____-____
First Middle Last

Responsible Party Signature _____ Date ____/____/____

IN CASE OF EMERGENCY:

Relative other than Parent _____ Phone (____) ____-____
Name and Relationship

Non-relative person to contact _____ Phone (____) ____-____
Name and Relationship

I, the undersigned, verify that the above information is true and accurate to the best of my knowledge. I understand that unless otherwise requested, voicemails may be left on my phone confirming appointment times and dates.

Responsible Party Signature: _____ Date: _____