

WESTCHASE PEDIATRIC CARE

PATIENT INFORMATION		
Name:	Sex: M / F	Date of birth:
Nickname:		
Ethnicity : White / African American / Asian / Hispanic / Native American / Native Hawaiian / Other / Do not disclose		
Home address:	City:	Zip:
Phone numbers: Home:	Mobile:	Work:
E mail:	Alternate E mail:	
Pharmacy name:	Phone:	
Pharmacy address:		
Who does child live with?	Primary language:	
Who else has permission to bring the child in?		
Would you like to be enabled to use our web portal? Yes / No		
How would you like to be notified about upcoming appointments? Telephone call / SMS		
Preferred time for appointment notification: Morning / Afternoon / Evening		
How did you hear about our practice (new patients only) ?		
FAMILY INFORMATION		
Father/Guardian:	SSN:	Date of birth:
Address (if different from patient)		
Phone numbers: Home:	Mobile:	Work:
Employer:	Address:	
Drivers License #	State:	
Mother/ Guardian:	SSN:	Date of birth:
Address (if different from patient)		
Phone numbers: Home:	Mobile:	Work:
Employer:	Address:	
Drivers License #	State:	
INSURANCE INFORMATION		
Do you have insurance coverage for your child? Yes / No		
Insurance Company Name:	Group #	Policy#
Policy Holder name:	Relation to child:	
EMERGENCY CONTACT		
Emergency Contact Name (other than parents)		
Phone numbers: Home:	Mobile:	Work:
RELEASE AND ASSIGNMENT		
The information that I have given above is correct to the best of my knowledge. I understand that it will be held in strict confidence and it is my responsibility to notify the office of any changes to the information provided immediately.		
I hereby assign all insurance benefits directly to Clearwater Pediatric Care for services rendered. I understand that I am financially responsible for all charges whether or not paid by the insurance company. I hereby authorize the practice to release all information necessary to secure the payment of benefits. I also authorize the practice to release all external prescription history as required by law. I permit the use of my signature on all insurance submissions whether electronic or paper.		
Signature of parent/guardian:	Date:	
Name of person		

