

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

**Clinton Preferred Pediatrics Patient Information**

Patient Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Male or Female DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Best daytime parent to reach: \_\_\_\_\_ phone: \_\_\_\_\_ land or cell

May we leave appt. confirmation or test results on your phone or cell phone voice mail? Yes or no

Child's parents are: Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widow(er) \_\_\_ Other \_\_\_\_\_

**Parent #1**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Parent#2**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Other siblings that are patients at Clinton Preferred Pediatrics**

Complete Legal Name:	Sex:	DOB:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Emergency**

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION**

**First Insurance**

Company: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_

**Second Insurance**

Company: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_

**Please submit insurance card to front desk. It is your responsibility to notify us of any changes. Thank you.**