

GROWING WITH YOU
PEDIATRICS

New Patient Paperwork

Patient Name _____ Birthdate _____

Gender _____ Ethnicity/Race _____

Parent(s) Name & DOB _____

Address(es) _____

Email Address: _____

Patient lives with _____ How did you hear about us? _____

Phones in order of preference:

Cell/work _____ Mother/Father

Cell/work _____ Mother/Father

Preferred Contact Method for Recalls: Mail/Phone

Emergency Contact _____ Phone _____

Insurance Holder: _____

Insurance Holder Date of Birth: _____

Insurance Company/Guarantor/Address/Phone _____

Group # _____ ID # _____

Previous Primary Care Provider _____

Preferred Pharmacy & Location _____

Parent/Guardian Signature _____ Date _____