Northwest Pediatrics, Inc. **PATIENT INFORMATION FORM** **Today's Date _____/_____/_____**

● CHILD INFORMATION

Name	Date of Birth: MM DD YYYY
Address	Sex of Child ☐ Male ☐ Female
City	Social Security No.
State Zip	Home Phone No. ( )

● SIBLINGS

Name & Birthdate	Name & Birthdate
Name & Birthdate	Name & Birthdate
Name & Birthdate	Name & Birthdate

● MOTHER/LEGAL GUARDIAN

Name	Date of Birth: MM DD YYYY
Address	I have Primary Insurance for Child ☐Yes ☐No
City	Social Security No.
State Zip	Home Phone No. ( )
Employer	Work Phone No. ( )
Cell Phone No. ( )	Pager No. ( )
Insurance Co.	Insurance ID #

● FATHER/LEGAL GUARDIAN

Name	Date of Birth: MM DD YYYY
Address	I have Primary Insurance for Child ☐Yes ☐No
City	Social Security No.
State Zip	Home Phone No. ( )
Employer	Work Phone No. ( )
Cell Phone No. ( )	Pager No. ( )
Insurance Co.	Insurance ID #

● STEP-PARENT/☐FOSTER/ LEGAL GUARDIAN

Name	Date of Birth: MM DD YYYY
Address	I have Primary Insurance for Child ☐Yes ☐No
City	Social Security No.
State Zip	Home Phone No. ( )
Employer	Work Phone No. ( )
Cell Phone No. ( )	Pager No. ( )
Insurance Co.	Insurance ID #

● WHO CAN WE CONTACT IN CASE OF AN EMERGENCY? *(other than parent)*

Name	Telephone	Relationship

● **Child's Previous Dr.** ● **Mother's OB/GYN**

FINANCIAL AGREEMENT: I UNDERSTAND that payment of all medical care is due at the time of service. In case of divorced parents, responsibility and payment shall be that of the guardian bringing the child in for treatment. I UNDERSTAND that it is my responsibility to pay any CO-PAYMENT, DEDUCTIBLE, CO-INSURANCE OR any other balance not paid by my insurance company. I UNDERSTAND that I am responsible for any costs incurred in the collection of patients account in case of default, including reasonable attorney fees and court costs.

ASSIGNMENT OF BENEFITS: I HEREBY grant permission to Northwest Pediatrics to release any pertinent information to my insurance company upon request, and I AUTHORIZE payment directly to Northwest Pediatrics. A photostatic copy of this authorization shall be considered as effective and valid as the original.

RECORDS RELEASE/TRANSFER: I, the undersigned, hereby understand that there will be a fee charged for any release/transfer of records.

I CERTIFY THAT I HAVE READ THE AFOREMENTIONED AND I AM THE PARENT/LEGAL GUARDIAN AUTHORIZED TO EXECUTE THIS AGREEMENT AND ACCEPT ITS TERMS.

Date