

MINOR PATIENT
Information Form- 2020

Patient _____
first m.i. last

Date _____

Date of Birth ___/___/___ Age___ male
 female

Address _____

City _____ ST ___ Zip _____

Phone # _____
home cell

PARENTS :

Mother _____ PH _____
 married single widowed divorced

Father _____ PH _____
 married single widowed divorced

Email Address _____

Responsible Party (responsible for bill)

Mother Father Guardian Foster Parent Other

Name _____ DOB _____

Address _____

City _____ ST ___ Zip _____

Phone _____
home cell

SS# _____

Employer _____

Employer Address _____

Employer Phone# _____

Occupation _____

How were you referred to our office?
 Doctor Hospital Family Insurance Internet Other

Name _____

Was minor recently seen in hospital by our doctors? Yes No

EMERGENCY CONTACT (other than parents)

Name _____ Relationship _____

PH _____
home cell

Address _____

INSURANCE INFORMATION : (need copy of ins cards)

PPO HMO POS Cash CCS/Medi-Cal Other

Primary Insurance _____

Ins Address _____

City _____ ST ___ Zip _____

Subscriber _____ DOB _____

Member ID# _____ Grp# _____

Secondary Ins _____

Ins Address _____

Subscriber _____ DOB _____

Member ID# _____ Grp# _____

CURRENT LIST OF PHYSICIANS

Pediatrician _____ Ph _____

Primary Care _____ Ph _____

Cardiologist _____ Ph _____

Dermatologist _____ Ph _____

Other _____ Ph _____

PHARMACY Phone # _____

Authorization for Payment/Release of Medical Records

I authorize release of medical records & payment of benefits to the physician and allow a photocopy of my signature to be used to file insurance. I understand that my insurance may not cover all fees and services provided and I will be responsible for the unpaid balance.

Signature _____
(relationship to pt)

Photography Consent

I authorize the physician or his assistant to take photographs. The term "photograph: includes all standard & digital photographs, videotapes, etc.. These photographs are the doctor's property and will be a permanent part of the record.

Signature _____ Date _____

HIPAA Informed Release on File (date) _____