REGISTRATION FORM

Patient Information

Name:______________________________ DOB:____________Circle: M / F School: _____________________

Name:______________________________ DOB:____________Circle: M / F School: _____________________

Parent 1:________________________ Home Phone (_____)____________ Cell Phone (_____)____________

Parent 1 Home Address: _____________________________City:________________ State:____ Zip_________

Parent 1 Email Address:____ Parent 1

Employer:____Work Phone: (_____)_____________

Parent 2:________________________ Home Phone (_____)____________ Cell Phone (_____)____________

Parent 2 Home Address:_____________________________City:________________ State:____ Zip_________

Parent 2 Email Address:____

Parent 2 Employer:____Work Phone: (_____)_____________

Family History: ____

Whom may we thank for referring you? ____

Obstetrician: ____

Person to contact in case of emergency:________________________________ Phone: (_____)____________

Preferred Pharmacy: _________________________________ Location (City/Intersection):__________________

*Payment is expected at the time of service. Although we are not directly contracted with insurance companies, we will do our best to maximize your reimbursement. As such, we will provide you with the necessary forms.

Insurance Information

Insurance Company: ________________________________ Phone #: _____________________________

Name of Guarantor: ________________________________ DOB: ________________________________

Primary ID#: _____________________________ Group#: _____________________________________

Claims Address: ____

I hereby authorize the doctors of Brentwood Pediatrics to be attending physicians and to administer to me any examination, treatment, and medications he/she deems therapeutic to my presenting complaint. I hereby authorize Brentwood Pediatrics to furnish information to my insurance carriers concerning this illness and I hereby irrevocably assign to the doctors all payments for medical services.

Signature of Patient/Parent/Guardian:________________________ Date: ____________________

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