

PEDIATRIC PATIENT INFORMATION

PATIENT

Legal Name _____
First Middle Last
 Date of Birth _____ Soc. Sec. No. _____ Alternate/Nickname _____
 Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ Male Female Student Yes FT PT No
 Referring Physician _____ Primary Physician _____
 Mother _____ Father _____

SIBLING INFORMATION

Name _____ DOB _____ Soc. Sec. No. _____
 Name _____ DOB _____ Soc. Sec. No. _____
 Name _____ DOB _____ Soc. Sec. No. _____

**PARENT/GUARDIAN
(WHO PT. LIVES WITH)**

Name _____
First Middle Last
 Date of Birth _____ Sex Male Female Soc. Sec. No. _____
 Marital Status M S D W Spouses Name _____
 Employer _____ Work Phone (____) _____
 Relationship to patient _____

**PERSON RESPONSIBLE FOR PAYMENT
(IF OTHER THAN PARENT /GUARDIAN)**

Name _____
First Middle Last
 Date of Birth _____ Sex Male Female Soc. Sec. No. _____
 Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ Relationship to Patient _____
 Employer _____ Work Phone (____) _____
 Relationship to patient _____

OTHER INFO

How did you hear about Mercy Clinics? Friend Relative Advertising Other
 Should anyone else have access to billing statements or medical records? Yes No
 Please list such individuals _____
 In case of Emergency, name of Person Not Living with patient to contact..
 Name _____ Phone _____ Relationship _____

INSURANCE INFORMATION

Please give us all pertinent information regarding your insurance coverage.

Primary Insurance:

Insurance Name _____
 Person Carrying Ins. _____ Date of Birth: _____
 Address of Person Carrying Ins. _____
 Relationship to Patient _____
 ID Number _____
 Group Number _____
 Effective Date _____

Secondary Insurance:

Insurance Name _____
 Person Carrying Ins. _____ Date of Birth: _____
 Address of Person Carrying Ins. _____
 Relationship to Patient _____
 ID Number _____
 Group Number _____
 Effective Date _____

COPY OF INSURANCE CARD MUST BE PRESENTED AT TIME OF VISIT

Signature _____ Date _____

Clinic Use Only: Updated/Review Date _____ Date _____ Date _____ Date _____ Date _____