

PEDIATRIC CARE SPECIALISTS
PATIENT INFORMATION SHEET

* = required field

Patient Name* _____ SS#* _____ DOB* _____

Address* _____ City* _____ State* _____ Zip Code* _____

Home Phone* _____ Work Phone _____ Cell Phone* _____

Childs Race _____ Language _____ Ethnicity (circle one): Hispanic or Non-Hispanic

Email Address* _____
(Your email address is required to access your child's records through the Patient Portal. We will not share your email address with anyone unless you consent to it)

Father's Name* _____ SS#* _____ DOB* _____

Address* _____ City* _____ State* _____ Zip Code* _____

Home Phone* _____ Work Phone _____ Cell Phone* _____

Place of Employment* _____

Mother's Name* _____ SS#* _____ DOB* _____

Address* _____ City* _____ State* _____ Zip Code* _____

Home Phone* _____ Work Phone _____ Cell Phone* _____

Place of Employment* _____

Mother's Maiden Name* _____

Pharmacy Name * _____ Phone # _____ Fax # _____

Insurance Information

Primary Insurance Name* _____ ID#* _____ Group#* _____

Secondary Insurance Name _____ ID# _____ Group# _____

I am aware that under the HIPAA regulations, this office has the right to contact me regarding billing, claims management, and collection activities.

I authorize Pediatric Care Specialists to treat my child with myself or other authorized person(s) present during visit
I authorize Pediatric Care Specialists to contact the named individual for my emergency contact with issues related to the overall care of my child including, however, not limited to test results, account information, and treatment consent.

I understand that I am responsible for any balances that are not reimbursed by my insurance company(ies).

Signature _____ **Date** _____

Emergency Contact information (Other than primary residence)

Name* _____ Relationship* _____

Home Phone* _____ Work Phone _____ Cell Phone* _____

I have received a copy of Pediatric Care Specialists' Notice of Privacy Practices

Signature _____ **Date** _____

I have refused a copy of Pediatric Care Specialists' Notice of Privacy Practices

Signature _____ **Date** _____