Chart# _____

Black & Benton Pediatrics

Patient Registration Form

Patient Information

Last Name: _____

First Name: _____ MI: ____

DOB: _____ SS#: _____

Sex: □ Male □ Female Race: _____ Hispanic: □ Y or □ N

Patient Address: _____

City: _____ State: _____ Zip: _____

Patient lives with: □ Mother □ Father □ both

□Other_____

Mother/Guardian's Information

Last Name: _____

First Name: _____ MI: ____

Street Address:

_____

City: _____ State: _____ Zip: _____

Primary Phone #: _____

SS#: _____ DOB: _____

Marital Status (Please check one):

□Single □Married □Divorced □Separated □Widowed

Occupation: _____

Name of Employer: _____

Father/Guardian's Information

Last Name: _____

First Name: _____ MI: ____

Street Address:

_____

City: _____ State: _____ Zip: _____

Primary Phone #: _____

SS#: _____ DOB: _____

Marital Status (please check one):

□Single □Married □Divorced □Separated □Widowed

Occupation: _____

Name of Employer: _____

Emergency Contact

Please list a friend/relative that does not live with you.

Name: _____

Phone #: _____

Consent to Routine Medical Care/Treatment for Minors

* I, _____ give permission for my minor child to receive routine medical treatment at Drs. Black & Benton Pediatrics P.S.C. under the supervision of any and all of the following named adults in my absence. I understand that a government issued picture identification will be required of the adult supervising the child at the time of the service

Please list all individuals permitted to accompany your child at their visit below. Please include first name, last name, and relationship to patient

1. _____
2. _____
3. _____
4. _____

* _____
Signature of Parent/Guardian

* _____
Date

Primary Insurance Information

Name of Insurance: _____

Policy Holder: _____

DOB: _____ ID#: _____

Secondary Insurance Information

Name of Insurance: _____

Policy Holder: _____

DOB: _____ ID#: _____

Pharmacy Information:

Name: _____

Phone Number: _____