

Black & Benton Pediatrics

PATIENT REGISTRATION FORM

Chart# _____

Patient Information

Last Name: _____

First Name: _____

Middle Name: _____

Prefers to be called: _____

DOB: _____ SS#: _____

Sex: _____ Race: _____

Hispanic: Yes No

Patint lives with:

Mother Father Both Other

Mother/Guardian's Information

Last Name: _____

First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Cell Phone #: _____

SS#: _____ DOB: _____

Marital Status: (check one of the following)

_Single _Married _Divorced _Separated _Widowed

Occupation: _____

Name of Employer: _____

Work Phone #: _____

Primary Insurance Information

Name of Insurance: _____

Name of Policy Holder: _____

DOB: _____ ID#: _____

Secondary Insurance Information

Name of Insurance: _____

Name of Policy Holder: _____

DOB: _____ ID#: _____

Emergency Contact

Please list name of a friend or relative that
does not live with you and can be contacted
in case of an emergency:

Name: _____

Relationship to patient: _____

Home Phone #: _____

Cell Phone #: _____

Father/Guardian's Information

Last Name: _____

First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Cell Phone #: _____

SS#: _____ DOB: _____

Marital Status: (check one of the following)

_Single _Married _Divorced _Separated _Widowed

Occupation: _____

Name of Employer: _____

Work Phone #: _____

Pharmacy Information

Pharmacy Name: _____

Pharmacy Phone #: _____

Date Updated: _____