## A TO Z PEDIATRICS PC

## **New Patient Information Record**

Patient Name:(Last)		(T)		0.6.1.11	
(Last)		(First)		(Middle)	
Date of Birth://(dd) / (yyyy)		Social Sec	curity #		
Address:(Street Address)			(State)	(Zip code)	
	-	, and the second		•	
Parent / Guardian Home Phone: (			ail Address:		
Parent / Guardian Cell Phone: (					
Father's Name	D	ate of Birth	/		
Tother's Name Date of Birth			ate of Birth	//	
Patient Race: □ American India □White Other_	nn □ Asian □		tive Hawaiian	/Pacific Islander	
Ethnicity: Hispanic/Latin? 🗆	∕es □ No La	anguage Spo	ken at home:		
How did you hear about us?					
**************************************		e Informati		********	
Primary Insurance:	Ins	surance ID:		Co Payment \$	
Policy Holder:(Last)	(First)	1	Effective Da	ate://	
Policy Holder's Date of Birth:(m	/ / / (dd) / (yyy		$\mathbf{E}$ Relation to	patient: <u>Parent / Guardia</u> Circle	
Policy Holder's Social Security Nu	ımber:	In:	sured Employer	···	
**********	Emergency C			********	
	Relationship:				
, ,	irst)				
Address:(Street Address)		(City)	(Stata)	(Zip code)	
(Street Address)	(A <b>p</b> t)	•		•	
Home Phone:()	Mobile Phone: ()				
Authorization: I hereby authorize A to Z I and I hereby irrevocably assign to the docull charges whether covered or not by insu	or all payments for m				
Signature:		Date:			
			(mm	) (dd) (yyyy)	