



DATE: _____
HOME PHONE: _____

PATIENT INFORMATION (Please Print)

Name of Minor/Child _____			
	Last Name _____	First Name _____	Middle Initial _____
Sex M ___ F ___	Age _____	Birthdate _____	Nickname _____ Hobbies _____
Home Address _____			
	Street _____	City _____	State _____ Zip _____
Mailing Address _____			
	Street _____	City _____	State _____ Zip _____
Person financially responsible: _____		Cell Phone: _____	Work Phone: _____
Whom may we thank for referring you? _____			

INSURANCE COVERAGE

Father's/Guardian's Name _____	Mother's/Guardian's Name _____
Address (If different from patient's) _____	Address (If different from patient's) _____
Cell Phone _____ Work Phone _____	Cell Phone _____ Work Phone _____
Employer _____	Employer _____
Soc. Sec. # _____ Birthdate _____	Soc. Sec. # _____ Birthdate _____
Do you have ins. coverage for the minor? Y ___ N ___	Do you have ins. coverage for the minor? Y ___ N ___
Plan Name _____	Plan Name _____
Policy ID # _____	Policy ID # _____
Group # _____	Group # _____
Address _____	Address _____
Phone # _____	Phone # _____

EMERGENCY CONTACT

In an event of an emergency, whom should we contact? (Other than parents)

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

RELEASE AND ASSIGNMENT

The information that I have given is correct to the best of my knowledge. I understand that it will be held in the strictest of confidence, and it my responsibility to inform this office of any changes in my minor/ child's medical status.

I certify that my minor/ child is covered by insurance with _____ and assign _____ Name of Insurance Company directly to **Dr. Ruiz-Healy** all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance, I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions whether manual or electronic.

_____ Signature of Parent/Guardian _____ Date