

Date Updated: _____

Initials: _____

Chart #: _____

Black & Benton Pediatrics

Patient Registration Form

Patient Information

Last Name: _____

First Name: _____ Middle Name: _____

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 #: _____ Relationship: _____

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. _____

* _____

Signature of Parent/Guardian

* _____

Date

Primary Insurance Information

Name of Insurance: _____

Policy Holder: _____

ID#: _____ DOB: _____

Group #: _____ Effective Date: _____

Secondary Insurance Information

Name of Insurance: _____

Policy Holder: _____

ID#: _____ DOB: _____

Group #: _____ Effective Date: _____

Pharmacy Information:

Name: _____

Phone Number: _____