Lloyd Takao, M.D. Pediatrics
with Rina Shah, M.D.

Pediatric Patient Registration

Child's name: _____ DOB: _____ Sex: ☐ M ☐ F
Child #2 name: _____ DOB: _____ Sex: ☐ M ☐ F
Child #3 name: _____ DOB: _____ Sex: ☐ M ☐ F
Child #4 name: _____ DOB: _____ Sex: ☐ M ☐ F

Home Address: _____
City: _____ Zip Code: _____
Primary Phone #: _____ Primary Email Address: _____

How would you like to receive appointment reminders? ☐ Text ☐ Phone Call ☐ Do Not Remind
Preferred Language: ☐ English ☐ Other: _____ Need an interpreter? ☐ Yes ☐ No

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Parent 1

Name: _____
DOB: _____ Sex: ☐ M ☐ F
Primary Number: _____
☐ Cell ☐ Home ☐ Work
Email address: _____
Address: ☐ Same as child's
☐ Other: _____

Legal guardian of child? ☐ Yes ☐ No
Relationship to Child: ☐ Mother ☐ Father
☐ Other: _____

Parent 2

Name: _____
DOB: _____ Sex: ☐ M ☐ F
Primary Number: _____
☐ Cell ☐ Home ☐ Work
Email address: _____
Address: ☐ Same as child's
☐ Other: _____

Legal guardian of child? ☐ Yes ☐ No
Relationship to Child: ☐ Mother ☐ Father
☐ Other: _____

Emergency Contact (other than parent)

Name: _____ Phone Number: _____
Relationship to Child: _____

Guarantor

Who is financially responsible for the patient's account if there are costs not covered by the health insurance plan?
☐ Parent 1 ☐ Parent 2 ☐ Someone Else: _____

Insurance

Name of Primary Health Insurance Coverage Plan: _____
ID #: _____ Group #: _____
Primary Subscriber of the Plan? ☐ Parent 1 ☐ Parent 2 ☐ Patient ☐ Other: _____

Preferred Pharmacy: _____

How did you hear about us? _____

Parent/Legal Guardian Signature: _____ Today's Date: _____