



PATIENT INFORMATION FORM

Last Name: _____ First Name: _____ Middle Initial: _____ Sex: _____

Date of Birth: ____/____/____ Social Security Number: _____ - _____ - _____ Home Phone: (____) ____ - _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Information: _____
Name Relationship to patient Phone number

Guardian Information

Legal Guardian

Legal Guardian

MOTHER FATHER OTHER (specify): _____

MOTHER FATHER OTHER (specify): _____

Name: _____

Name: _____

Date of Birth: ____/____/____ SSN#: ____/____/____

Date of Birth: ____/____/____ SSN#: ____/____/____

Email: _____

Email: _____

Home Phone: (____) ____ - _____ Work: (____) ____ - _____

Home Phone: (____) ____ - _____ Work: (____) ____ - _____

Cell: (____) ____ - _____ Other: (____) ____ - _____

Cell: (____) ____ - _____ Other: (____) ____ - _____

Marital Status:

Single Married Separated Divorced Widowed

Marital Status:

Single Married Separated Divorced Widowed

Home Address: (If DIFFERENT from patient's):

Address: _____

City: _____ State: _____ Zip: _____

Home Address: (If DIFFERENT from patient's):

Address: _____

City: _____ State: _____ Zip: _____

Insurance Information

Primary Insurance

Secondary Insurance

Company: _____

Company: _____

Policyholder: _____ DOB: _____

Policyholder: _____ DOB: _____

I have reviewed this office's Notice of Privacy Practices, explaining how (above patient's) medical information will be used and disclosed.

I understand that I am entitled to receive a copy of this document, upon request.

I understand that it is the policy of River Ridge Pediatrics to respect patient's privacy and office policy prohibits video and audio recordings on any electronic device while in the office.

I understand that River Ridge Pediatrics will only use/or disclose PHI (protected health information) for treatment, payment or healthcare operations.

Pursuant to Section 30.06, Penal Code (trespass by holder of license to carry a concealed handgun), a person licensed under Subchapter H, Chapter 411, Government Code (concealed handgun law), may not enter this property with a concealed handgun.

Pursuant to Section 30.07, Penal Code (trespass by license holder with an openly carried handgun), a person licensed under Subchapter H, Chapter 411, Government Code (handgun licensing law), may not enter this property with a handgun that is carried openly.

Conforme a la Sección 30.06 del Código Penal (ingreso sin autorización de un portador de una licencia para llevar un arma corta oculta), una persona con licencia según el Subcapítulo H, Capítulo 411, del Código del Gobierno (ley para portar armas cortas ocultas), no pueden ingresar a esta propiedad con un arma corta oculta.

Conforme a la Sección 30.07 del Código Penal (ingreso ilegal de un portador de una licencia para llevar una arma corta de mano a vista), una persona con licencia según el Subcapítulo H,

Capítulo 411, del Código de Gobierno (ley de licencias de armas de fuego), no puede ingresar a esta propiedad con una arma de fuego que se lleve libremente.

Name of Parent/Legal Guardian



Relationship to Patient

Signature

Document version 1/1/2019

Date