

NORTH BAY PEDIATRICS



PATIENT INFORMATION

DATE: _____

PERSONAL DATA:

CHILD'S NAME: _____
(Last) (First) (Middle)

DOB: _____ SEX: _____ ETHNICITY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

PARENT #1 NAME: _____ M/F _____ Date of Birth: _____ SS#: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

PARENT #2 NAME: _____ M/F _____ Date of Birth: _____ SS#: _____

PARENT #2 ADDRESS (IF DIFFERENT THAN ABOVE): _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Child's parents are: Married: _____ Divorced: _____ Never married: _____ Separated: _____ Widow(er): _____ Other: _____

SIBLINGS:

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____

If child is from a previous relationship:

OTHER PARENT(S) NAME: _____ Date of Birth: _____

Employer : _____ Work Phone: _____

Custody Relationship: _____

EMERGENCY CONTACT: _____ PHONE: _____

INSURANCE INFORMATION:

Name of Insurance Company: _____

Address of Insurance Company: _____

Who is the Policy Holder? _____ DOB: _____

ID #: _____ Group #: _____

How or who referred you to our office? _____

- I authorize other medical facilities to release to North Bay Pediatrics any records pertaining to my child or children.
- Payment and co-payments are patients' responsibility and are due at the time of service. ALL CO-PAYS OR PATIENT DUE PORTIONS ARE DUE AT THE TIME OF SERVICE.
- I hereby authorize my insurance benefits to be paid directly to the physician and am financially responsible for any non-covered services. I also authorize the physician to release any information required in the processing of my claims.
- I authorize the physicians from North Bay Pediatrics to examine and administer any necessary treatment to my child or children, and also in the event that I am unavailable.
- I understand that my child will receive a number of vaccines from North Bay Pediatrics as a part of a comprehensive preventative medicine program. These currently include vaccinations for diphtheria, tetanus, pertussis, polio, Hemophilus type B, measles, mumps, rubella, chickenpox, hepatitis A and B, meningococcus, pneumococcus, rotavirus, influenza and human papilloma virus. The risks and benefits of these vaccines are described in detail on the website links [Immunization Schedule for Infants and Children](#) and [2019 Recommended Vaccinations for Children](#) and can be explained by our physicians during your visits.
- I will allow messages to be left on my voice mail regarding visits, results and account information.
- I acknowledge that I have received or reviewed a copy of North Bay Pediatrics Privacy Practices* with the effective date September 1, 2013.

I have read and understand the office policies:

Name of Parent/ Guardian

Signature

E-mail address of custodial parent

Date

Updated 8-12-10

* Information provided upon request in office.