Bristow Pediatrics

New Patient Registration

Patient's Name_____ SSN _____

Date of Birth _____ Sex: _____ Ethnicity: _____

Home address: _____zip _____

Preferred Phone Number : _____ (home cell work)

Alternate Phone Number: _____ (home cell work)

Email address: _____

Preferred contact method: phone text email mail fax

May we leave a message at preferred contact? Yes / No

Mother's Name _____ SSN _____

Address: _____

Employer: _____ Position: _____

Father's Name _____ SSN _____

Address: _____

Employer: _____ Position: _____

Parents are: Married Divorced Separated Single

Who has legal custody? _____

Guarantor on account? _____ DOB _____

Siblings:

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Preferred Pharmacy: _____

Emergency Contacts:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

List any other person that has permission to bring your child in to be seen in our office. Indicate whether they may consent for all care including immunizations and lab work.

Name : _____ Care: all /other _____

Name : _____ Care: all /other _____

Name : _____ Care: all /other _____

* any person accompanying your child is responsible for charges incurred on the day of service including copayments.

* I hereby authorize Bristow Pediatrics to furnish information to insurance carriers concerning my child's illness and/or treatment. I also assign Bristow Pediatrics all payments for medical services rendered to my child. I understand that I am responsible for any amount not covered by insurance or other implied payors.

Notice of Deemed Consent of HIV Testing

Persuant to Virginia Law, if any staff member is exposed to blood or bodily fluids from my child, I give consent for my child to be tested for HIV.

Patient or Legal Guardian: _____ Date: _____

Acknowledgment of Receipt of Privacy Practices

I have received a copy of the Notice of Privacy Practices. This notice describes how my health information may be used or disclosed. I understand that the Notice may change at any time.

Signature: _____ Date: _____