

Welcome to

Pediatrics West^{PC}

Thank you for choosing our practice.
All Information will be STRICTLY CONFIDENTIAL.

Today's Date: _____

Patient's Name: _____ Date of Birth: _____
(Last) (First) (MI)

Race: (circle one) Asian Black/African American Caucasian Chinese Hispanic Japanese
American Indian or Alaska Native Latino Multiracial Pacific Islander Other

Ethnicity: (circle one) Hispanic Non-Hispanic Other

Language: (circle one) English French German Hindi Mandarin Spanish Vietnamese

Street Address: _____ Sex: M F

City: _____ State: _____ Zip Code: _____

Mailing Address: (if different form street address) _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Patient's Cell (if > 13yo) _____

E-MAIL: _____

Guardian's Name: _____ Guardian's Name: _____

Relationship to Child: _____ Relationship to Child: _____

Date of Birth: _____ Date of Birth: _____

Work/Cell Phone: _____ Work/Cell Phone: _____

Patient's Primary Care Doctor (as listed with insurance company): _____

Sibling(s) Name(s) and Date(s) of Birth: _____

Preferred Pharmacy / Address: _____

PERSON RESPONSIBLE FOR BILL: (must be parent/guardian; if 18 or older, or mature/emancipated minor, must be self)

Name: _____

Address: (if different from above) _____

City: _____ State: _____ Zip Code: _____

Phone: _____

INSURANCE INFORMATION: (patients will be required to show insurance card at all visits.)

Primary Insurance Co.: _____ ID/Group _____ Co-Pay \$ _____

Secondary Insurance Co.: _____ ID/Group: _____

Subscriber's Name: _____ Date of Birth _____

Address: (if different from above) _____

THIS CHILD IS ELIGIBLE FOR THE FEDERAL VACCINES FOR CHILDREN PROGRAM (VFC): Check only one box below:

- is enrolled in Medicaid (includes Mass Health and HMO's, etc. if enrolled in Medicaid)
- does not have health insurance (check this box if enrolled in Children's Medical Security Plan)
- is American Indian (Native American) or Alaska Native

THIS CHILD IS NOT ELIGIBLE FOR THE FEDERAL VACCINES FOR CHILDREN PROGRAM (VFC):

- has health insurance and is not American Indian (Native American) or Alaska Native