

Welcome To
Pediatrics West PC

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

Please Print Clearly

Today's Date: _____

Patient's Name: _____ **Date of Birth:** _____ **Sex:** M F
(Last) (First) (MI)

Confidential Patient Phone: (13 years +) (_____) _____

Address: _____
(Street or PO Box) (City) (State) (Zip Code)

Mailing Address: _____
(Street or PO Box) (City) (State) (Zip Code)

Home Phone: (_____) _____ **Cell Phone:** (_____) _____

Email Address: _____@_____.

PCP Selected (must notify insurance company of change): _____

Language:

English French German
Hindi Mandarin Spanish
Vietnamese
Other: _____

Race:

American Indian or Alaska Native
Asian Black/African American
Caucasian Chinese Hispanic
Japanese Latino Multiracial
Pacific Islander Other

Ethnicity:

Hispanic
Non-Hispanic
Other

GUARDIAN INFORMATION:

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

Relationship to Child: _____ **Relationship to Child:** _____

Date of Birth: _____ **Date of Birth:** _____

Work/Cell Phone: (_____) _____ **Work/Cell Phone:** (_____) _____

GUARANTOR: This person assumes responsibility for bills. *Must be parent or guardian.* If 18 or older, mature or emancipated minor, must be self.

Name: _____ **Date of Birth:** _____

Address: _____
(Street or PO Box) (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:** _____ **Phone:** (_____) _____

Address: _____
(Street or PO Box) (City) (State) (Zip Code)

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