



Pediatric Clinic, P.A.

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PATIENT	First Middle Last			Nickname (if any)	Present Age	Date of Birth	
	Mailing Address			Social Security #	<input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone Number	
	City / State / Zip			Race: White Black / African American American Indian Asian Native Hawaiian/Pacific Islander		Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino Other or Undetermined	
				Preferred Language: English Spanish Other			
PARENT/GUARDIAN	Mother's Name			Date of Birth		Primary Phone Home Work Cell	
	Address (if different)		Social Security #	Driver's License#		Alternate Phone Home Work Cell	
	Employer			Email Address			
	Father's Name			Date of Birth		Primary Phone Home Work Cell	
	Address (if different)		Social Security #	Driver's License #		Alternate Phone Home Work Cell	
	Employer			Email Address			
	Responsible Party (if parent under 18 years of age/Foster parent/Guardian)			Relationship	Date of Birth	Primary Phone Home Work Cell	
	Address (if different)		Social Security #	Driver's License #		Alternate Phone Home Work Cell	
	Employer			Email Address			
	INSURANCE	Patient's Primary Insurance Company			Name of Insured Party		Insured Date of Birth Insured Phone
		Insured Party Social Security #	Insured ID #		Policy Group #		Relationship to patient
		Patient's Secondary Insurance Company			Name of Insured Party		Insured Date of Birth Insured Phone
Insured Party Social Security #		Insured ID #		Policy Group #		Relationship to patient	

In accordance with Texas Law, The Pediatric Clinic will not provide health care to minors unless a parent accompanies them, a parent provides written consent, or a way is provided for the clinic to contact the parent. In Texas, patient is considered a "minor" is he/she is under 18 years, has never been married or has not been declared a legally emancipated minor.

I authorize the following individuals to seek medical treatment for the child listed above, in my absence.

NON-PARENTAL CONTACTS	Name	Relationship	Phone		Name	Relationship	Phone
	Name	Relationship	Phone		Name	Relationship	Phone

Signature of Responsible Party Date

Update Signature Date

Update Signature Date

Update Signature Date