



<b>PATIENT</b>	First	Middle	Last	Nickname (if any)	Present Age	Date of Birth	
	Mailing Address			Social Security #	Male <input type="checkbox"/> Female	Primary Phone Number	
	City / State / Zip			<b>Race:</b> White Black / African American American Indian Asian Native Hawaiian/Pacific Islander		<b>Ethnicity:</b> Hispanic/Latino Non-Hispanic/Non-Latino Other or Undetermined	
<b>PARENT/GUARDIAN</b>	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			
	<b>INSURANCE</b>	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 legally emancipated minor.

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

<b>Non-Parental Contact</b>	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 \_\_\_\_\_