

Today's Date: _____



913 East Arlington Blvd • Greenville, NC 27858 • Phone (252) 561-7777 • Fax (252) 561-7778

Patient Information (List all children in family)

Full Name (First Middle Last)	Sex (M/F)	Date of Birth	Race (ex: Caucasian; Asian; African American; Native American)	Ethnicity (Hispanic, Latino)	Preferred Language

Parental Information

Mother/Legal Guardian

Name: _____

Date of Birth (mm/dd/yy): _____

Address: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Marital Status:

Single Married Divorced Widowed

Father/Legal Guardian

Name: _____

Date of Birth (mm/dd/yy): _____

Address: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Marital Status:

Single Married Divorced Widowed

- With whom do the children live with? Both parents Mother Father Other (specify): _____
 - In the case of **divorce or other legal custody issue**, is there a legal or court-ordered custody agreement or arrangement involving any of the children listed above? Yes No
 - **If yes**, please provide our practice a **copy of the agreement** so that we may be better able to provide services to you and your family.
 - Would you like to receive appointment reminders via email or text message? Yes No
- Email: _____ Cell Phone: _____

Insurance Information (You'll be asked for your insurance card at each visit)

Insurance company: _____

Effective date: _____

Policy number: _____

Group number: _____

Employer: _____

Employee's name: _____

Social Security Number: _____

Employee's DOB (mm/dd/yy): _____

Emergency Contact (Other than parent)

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Mother / Legal guardian Signature _____ **Date** _____

Father / Legal guardian Signature _____ **Date** _____