



Livermore/Pleasanton Pediatrics Group

Infants • Children • Young Adults

PATIENT INFORMATION SHEET

Rev. 4/10

TODAY'S DATE: _____

PATIENT INFORMATION (LIST ALL CHILDREN IN FAMILY)

<u>FULL NAME</u>	<u>DOB</u>	<u>FULL NAME</u>	<u>DOB</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parental Information

<u>Father/Legal Guardian</u>	<u>Mother/Legal Guardian</u>
Name: _____	Name: _____
DOB _____ SS# _____	DOB _____ SS# _____
Mailing Address: _____	Mailing Address: _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Employer: _____	Employer: _____
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Has Custody? Both <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Child <input type="checkbox"/> Other: <input type="checkbox"/> _____	
Which Parent Will Bring Patient Most Often? Both <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Nanny	
<i>Please be advised that person bringing child in is responsible for paying the co-pay at each visit.</i>	

Insurance Information

** Please Note You Will Be Asked For Your Insurance Card AT **EVERY** Visit**

<u>Primary Insurance</u>	<u>Secondary Insurance</u>
Insurance Company: _____	Insurance Company: _____
Insurance ID #: _____ Group # _____	Insurance ID#: _____ Group # _____
Insurance Effective Date: _____ Co-pay: _____	Insurance Effective Date: _____ Co-pay: _____
Employee's Name: _____ DOB: _____	Employee's Name: _____ DOB: _____
Employer: _____	Employer: _____

Emergency Contact (other than parent):

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____