



Patient Information

Patient Name: \_\_\_\_\_ M \_\_\_ F Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_
City State Zip

Race: [ ] American Indian/Alaskan [ ] Asian [ ] Black [ ] White [ ] Hawaiian/Pacific Islander [ ] Declined to answer

Primary Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

Ethnicity: [ ] Hispanic/Latino [ ] Not Hispanic/Latino [ ] Unknown [ ] Declined to answer

Siblings seen in our office: \_\_\_\_\_

Referred by: \_\_\_\_\_

Guarantor Information

Parent/Guardian's Name \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Relation to Patient: [ ] Father [ ] Mother [ ] Step-Father [ ] Step-Mother [ ] Legal Guardian

Address: \_\_\_\_\_ Hm Phone: \_\_\_\_\_
City State Zip

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Relation to Patient: [ ] Father [ ] Mother [ ] Step-Father [ ] Step-Mother [ ] Legal Guardian

Address: \_\_\_\_\_ Hm Phone: \_\_\_\_\_
City State Zip

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mom \_\_\_\_\_ Dad

Emergency Contact

Friend/Relative (not living with you) \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Phone #: \_\_\_\_\_

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Pediatric Specialists of Tulsa to release any information required to process my claims.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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### Insurance Information

Insurance Name \_\_\_\_\_ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Effective Date: \_\_\_\_\_

### Contact Preferences

**\*\*PLEASE NOTE: The choices below are how you will be contacted. If you only want one person contacted please be sure to note that. If both are chosen we will send reminders and messages to both parents.**

Preferred Method of contact for: \_\_\_ Mother only \_\_\_ Father only \_\_\_ Both parents

#### Medical Issues

- No Contact
- Mail Address
- Home Phone
- Work Phone
- Cell Phone
- Text to Cell
- E-mail

#### Appointment Reminders

- No Contact
- Mail Address
- Home Phone
- Work Phone
- Cell Phone
- Text to Cell
- E-mail

#### Recalls

- No Contact
- Mail Address
- Home Phone
- Work Phone
- Cell Phone
- Text to Cell
- E-mail

#### Billing Statements

- Mail Address
- Patient Portal

#### General Notices

- No Contact
- Mail Address
- Home Phone
- Work Phone
- Cell Phone
- Text to Cell
- E-mail

#### Patient Portal

- E-mail