



940 SE Cary Parkway  
 Suite 200  
 Cary, NC 27518-7417  
 Phone (919) 859-9991  
 Fax (919) 859-6595  
 www.wwpeds.com

**PATIENT INFORMATION**

Date: \_\_\_\_\_

(Please list all children in the family even if the child is not being seen today.)

	Child 1	Child 2	Child 3	Child 4
Last Name	_____	_____	_____	_____
First Name	_____	_____	_____	_____
Middle	_____	_____	_____	_____
DOB	_____	_____	_____	_____
Nickname	_____	_____	_____	_____
Preferred Language	_____	_____	_____	_____
Ethnicity	_____	_____	_____	_____

**PARENTAL INFORMATION**

**MOTHER/LEGAL GUARDIAN**

Name \_\_\_\_\_  
 DOB \_\_\_\_\_ SSN# \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ County \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Marital Status  
 Single  Married  Divorced  Widowed  
 Preferred Language \_\_\_\_\_  
 Step Father \_\_\_\_\_

**FATHER/LEGAL GUARDIAN**

Name \_\_\_\_\_  
 DOB \_\_\_\_\_ SSN# \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ County \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Marital Status  
 Single  Married  Divorced  Widowed  
 Preferred Language \_\_\_\_\_  
 Step Mother \_\_\_\_\_

Who do the children reside with?  Father  Mother  Other \_\_\_\_\_

Who has legal custody of the child/children?  Both  Father  Mother  Other \_\_\_\_\_

**Please provide any applicable legal documents.**

Who is responsible for the medical bills?  Father  Mother  Other \_\_\_\_\_

Which phone # should we list as your primary contact? \_\_\_\_\_ Is it ok to leave a message at this #? \_\_\_\_\_

For patients over the age of 18: What is your preference in communication?

Phone \_\_\_\_\_  Email \_\_\_\_\_

**INSURANCE INFORMATION**

**\*\*PLEASE NOTE: YOU WILL BE ASKED TO PRESENT YOUR INSURANCE CARD AT EVERY VISIT\*\***

**PRIMARY INSURANCE**

Insurance Company \_\_\_\_\_  
 Insurance Effective Date \_\_\_\_\_  
 Employee's Name \_\_\_\_\_  
 Employee's DOB \_\_\_\_\_  
 Employee's SSN \_\_\_\_\_  
 Employer \_\_\_\_\_

**SECONDARY INSURANCE**

Insurance Company \_\_\_\_\_  
 Insurance Effective Date \_\_\_\_\_  
 Employee's Name \_\_\_\_\_  
 Employee's DOB \_\_\_\_\_  
 Employee's SSN \_\_\_\_\_  
 Employer \_\_\_\_\_

**EMERGENCY CONTACT (Other than Parent)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

How did you hear about our practice?  Yellow Pages online  RTP Links  Friend/Family/Neighbor  Other Physician

Online (name of website) \_\_\_\_\_  Other \_\_\_\_\_