



Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female

Patient Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Mandatory for Medicaid Patients)

Present Active Medications 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 None

Medication Allergies 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 None

Other Providers helping Patient 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
(related to chief complaint) \_\_\_\_\_  
 None

Pharmacy Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

How did you hear about us?  Other Patients  Insurance Co  Internet  Provider Referral  
For Provider Referrals, Please Specify  PCP  Specialist  
Name \_\_\_\_\_ Address \_\_\_\_\_

### GUARANTOR / CUSTODIAN INFORMATION

Mothers name: \_\_\_\_\_ DOB: \_\_\_\_\_

Fathers name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Guarantor \_\_\_\_\_ Patient Relationship: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Phone  Home \_\_\_\_\_  Work \_\_\_\_\_  Cell \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  Phone \_\_\_\_\_

### CONSENT FOR DISCLOSURE under HEALTH INSURANCE AND PORTABILITY ACT (HIPAA)

Your signature below represents consent for Pediatrics and Genetics, LLC to use and / or disclose information about yourself and the patient (or another person you have authorized to sign on your behalf) that is protected under federal law, for the sole purposes of treatment, payment and health care. You also agree to have us obtain patient's medication history from the pharmacy or Rx exchange.

You understand your rights under HIPAA. You may request a copy of this document at our office or view it on our website [www.pediatricsgenetics.com](http://www.pediatricsgenetics.com). Privacy will be protected based on the Guardian / Guarantor details in this registration form. Any exceptions to these needs to be requested in writing.

Name of Guardian / Guarantor \_\_\_\_\_ Patient Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_