

# Goodlettsville Pediatrics, P.C.

**All siblings with same Guarantor Information can be filled out on this form**

<u>Child's Full Legal Name</u>	DOB	SS#	Age	Sex
_____	___ / ___ / _____	___ - ___ - _____	_____	_____
_____	___ / ___ / _____	___ - ___ - _____	_____	_____
_____	___ / ___ / _____	___ - ___ - _____	_____	_____
_____	___ / ___ / _____	___ - ___ - _____	_____	_____
_____	___ / ___ / _____	___ - ___ - _____	_____	_____

<b>Guarantor Name</b> _____	<b>Email Address</b> _____
(Responsible Party for patient account and will receive billing statements)	For Secure Patient Portal Registration / Access
<b>Person to contact for Reminders, Labs, Referrals, etc</b> _____	
<b>Phone</b> _____	
<b>How did you hear of our practice?</b> _____	

<b>Mother's Name</b> _____	DOB	___ / ___ / _____	SS#	___ - ___ - _____
(Patient(s) reside? ___yes ___no)	Biological	___	Adopted	___
			Foster	___
			Step	___
Address: _____		Marital Status _____		
Employer _____				
Home Phone ( ) _____	Work Phone ( ) _____			
Cell Phone ( ) _____				

<b>Father's Name</b> _____	DOB	___ / ___ / _____	SS#	___ - ___ - _____
(Patient(s) reside? ___yes ___no)	Biological	___	Adopted	___
			Foster	___
			Step	___
Address: _____		Marital Status _____		
Employer _____				
Home Phone ( ) _____	Work Phone ( ) _____			
Cell Phone ( ) _____				

<b>Emergency Contact Name</b> _____	Relation to patient(s) _____
Home Phone ( ) _____	Work/Cell Phone ( ) _____

<b>Primary Insurance</b> _____	Policy Holder's Name _____
Relation to Patient _____	Policy Holder's DOB _____
Subscriber ID # _____	Group # _____
<b>Secondary Insurance</b> _____	Policy Holder's Name _____
Relation to Patient _____	Policy Holder's DOB _____
Subscriber ID # _____	Group # _____

\_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_  
Date

Office Use ONLY: Newborn Seen in Hospital \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_  
 Birth Certificate Provided \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_  
 Legal Paperwork Provided \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_