



TRESTLEWOOD PEDIATRICS
Keeping Your Child's Health On Track

Patient Demographics

Name of Children	DOB	Sex	Preferred Name	Pronounced As	Child's Cell #
1.					
2.					
3.					
4.					
5.					

Is there a court order for any of your children regarding legal, financial, or physical custody? Yes ___ No ___
Does child/children live with both parents? Y/N If not, who is the legal guardian? _____

If you wish to give your older child permission to bring themselves, please read and initial below:

_____ Trestlewood Pediatrics, P.C., has my permission to treat my child for wellness with possible immunizations and illnesses, as they are able to bring themselves to the appointment.

Parent Information

Parent/Guardian #1:			Parent/Guardian #2:		
Name of Spouse:			Name of Spouse:		
Relationship to Patient:			Relationship to Patient:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Cell phone:		DOB:	Cell phone:		DOB:
Home phone:			Home phone:		
Email address:			Email address:		
Is this child's primary address:			Is this child's primary address:		

Insurance Information

Subscriber's Name	Sub DOB	Rel. to Child	Insurance Co Name	Contract, Policy or ID #	Group #	Co-Pay
1.						\$
2.						\$

Emergency Contact Other Than Parent:

Name _____ Phone _____ Relationship to Patient _____

Name of Person(s) That You Authorize To Obtain Medical Care for Your Children:

Medical care may include; immunizations, in office procedures and injections when needed in the event a parent cannot bring the child to the appointment.

Name	Relationship to Child	Phone #

I authorize the release of any medical information necessary to process this claim. I permit a copy of this authorization to be used in place of the original.

I hereby assign to Trestlewood Pediatrics, P.C., all payments for medical benefits rendered to the patients listed on this form. I am responsible for any amount not covered by insurance.

Signature: _____ Date: _____

Parent/Guardian

Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials

Staff

Date Reviewed	Initials	Date Reviewed	Initials	Date Reviewed	Initials