

Patient Name: \_\_\_\_\_ Sex (circle): *Male Female*  
(first) (middle) (last)

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ SS# \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Telephone (circle preferred): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Marital Status (circle): *Single Married Widowed Divorced* Ethnicity (circle): *Hispanic/Latino Non-Hispanic/Latino*

Race (circle): *American Indian/Alaskan Native Asian Black/African American Native Hawaiian Pacific Islander White*

Employed by: \_\_\_\_\_ Employer Address \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_ Phone # \_\_\_\_\_

Referred by (if physician, please list name/address/phone): \_\_\_\_\_

Emergency contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**INSURANCE INFORMATION**

**Primary** Insurance: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_

Member ID # \_\_\_\_\_ Group # \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

**Secondary** Insurance: \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_

Member ID # \_\_\_\_\_ Group # \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

**FOR PEDIATRIC PATIENTS ONLY**

\*Responsible party is parent/legal guardian accompanying patient to visit per office policy. See *Financial Policy*\*

Who does the patient live with? \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Responsible Parent/Guardian: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_

Address: (if different than above) \_\_\_\_\_  
(street) (city) (state) (zip)

Telephone (circle preferred): Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Employed by: \_\_\_\_\_ Employer Address \_\_\_\_\_

**Permission to Treat Minor when parent/guardian not present**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, give Warren Allergy & Asthma Care, PC permission to treat my child when not accompanied by a parent or guardian. This consent shall be void upon written request.

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