Annual Patient Registration and Information

Please complete all information.

Patient name | Date of Birth | Sex (M or F) | Patient's Social Security Number

Parent / Legal Guardian Information / Other

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Foster Mother ☐ Foster Father ☐ Other:_____

Name | Maiden Name | Date of Birth | Social Security Number

Street address and P.O. Box, if applicable | City | State | Zip code

Home Phone | Email Address

Mobile Phone | Work Phone

Employer

Employer Address

Best Contact Number

☐ Home ☐ Work ☐ Mobile (☐ OK to Send Text Messages)

Custody Information (Complete when are separated)

☐ Joint legal and physical

☐ Joint legal with physical custody retained by:

☐ Mother ☐ Father

☐ Sole legal and physical custody

☐ No formal custody arrangements

☐ Lives independently

Has Medical Records Access been restricted?

☐ Yes (Legal Documentation Required)

Parent / Legal Guardian Information / Other

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Foster Mother ☐ Foster Father ☐ Other:_____

Name | Maiden Name | Date of Birth | Social Security Number

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Custody Information (Complete when are separated)

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☐ Mother ☐ Father

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☐ No formal custody arrangements

☐ Lives independently

Has Medical Records Access been restricted?

☐ Yes (Legal Documentation Required)

I certify that I am the parent/legal guardian of this child and that all information provided on this registration form is true and accurate. I give consent to Piedmont Pediatrics, its medical staff and other providers involved in my care to use and/or disclose my protected health information for the purposes of treatment, payment and health care operations.

X_____ _____

Guarantor (Parent/Guardian) **Date** Relationship to Patient