

Pedios Pediatrics - Patient Registration Form

Parent/Guardian Information

Parent/Guardian #1: _____

Address: _____

Mobile Phone: _____ Home Phone: _____

E-mail: _____

Parent/Guardian #2: _____

Address (if different from above): _____

Mobile Phone: _____ Home Phone: _____

E-mail: _____

Children's Information

Full Name/Preferred Pronouns	DOB	SEX ASSIGNED AT BIRTH	RELATIONSHIP TO GUARANTOR

Insurance Information

Primary Insurance: _____

ID #: _____ Group #: _____ Effective Date: _____

Claims Address: _____

Policy Holder (Guarantor): _____ DOB: _____

Secondary Insurance: _____

ID #: _____ Group #: _____ Effective Date: _____

Claims Address: _____

Policy Holder (Guarantor): _____ DOB: _____

Parent/Guardian Signature: _____ **Date:** _____