



Date:

**PATIENT REGISTRATION**

**PATIENT INFORMATION**

Last Name:		Gender:	Date of Birth:
First Name:	Initial:	Race:	Primary Language:
Address:		Social Security #:	
City, State, Zip:		Home Phone:	
Referring Physician:		Pediatrician:	
Current Medications:			

**MEDICATION ALLERGIES:**

**PARENT/GUARDIAN - RESPONSIBLE PARTY #1**

Last Name:		Gender:	Date of Birth:
First Name:	Initial:	Race:	Primary Language:
Relationship to Patient:		Marital Status:	
Address:		Date of Birth:	
City, State, Zip:		Social Security #:	
Email:		Home Phone:	
Cell Phone:		Alternate Phone/Pager:	
Employer:		Work Phone:	
Employer Address:		City, State Zip:	

**PARENT/GUARDIAN - RESPONSIBLE PARTY #2**

Last Name:		Gender:	Date of Birth:
First Name:	Initial:	Race:	Primary Language:
Relationship to Patient:		Marital Status:	
Address:		Date of Birth:	
City, State, Zip:		Social Security #:	
Email:		Home Phone:	
Cell Phone:		Alternate Phone/Pager:	
Employer:		Work Phone:	
Employer Address:		City, State Zip:	

**INSURANCE INFORMATION**

<b>Primary Insurance:</b>		Policyholder Name:
Insurance Address:		Insured Policy ID:
City, State, Zip:		Group Name/Number:
Plan Phone:		Date of Birth:
Effective Dates:		Relationship to Patient:
<b>Second Insurance:</b>		Policyholder Name:
Insurance Address:		Insured Policy ID:
City, State, Zip:		Group Name/Number:
Plan Phone:		Date of Birth :
Effective Dates:		Relationship to Patient:

**IF YOU HAVE THIRD PARTY COVERAGE, PLEASE LET US KNOW**

Last Name:

First Name:

**CONSENT FOR TREATMENT**

I hereby authorize Children's Heart Center to provide such medical services if necessary, either regular or emergency, as may be determined to be in the best interest of the patient listed above, who is a minor. This authorization shall continue and be in full force and effect until revoked in writing by me.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Patient or If Minor Parent/Guardian

**ASSIGNMENT OF BENEFITS**

I hereby certify that the patient listed is an eligible dependent under the insurance information provided. I hereby authorize Children's Heart Center to furnish the insured's insurance company all information which said insurance company may request concerning my present illness or injury. I assign directly to the physicians of Children's Heart Center all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of this signature on all insurance submissions. I will notify Children's Heart Center in writing of any change in my or my minor child's insurance coverage. This authorization shall continue and be in full force and effect until revoked in writing by me.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Patient or If Minor Parent/Guardian

**PRIVACY STATEMENT**

I acknowledge that I was provided with the Notice of Privacy Practices of Children's Heart Center.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Patient or If Minor Parent/Guardian

**SECONDARY CONTACT INFORMATION**

I authorize CHC to contact the person listed below (**who does not live with the patient**) for additional information or to facilitate appointment scheduling. CHC may discuss confidential medical information with this contact if they are unable to reach/locate the responsible parties.

Name:	Patient relationship to Contact:
Home Phone:	Work Phone:
Cell Phone:	Pager:

**MINOR CHILD RELEASE OF INFORMATION**

The following individuals and/or agencies are hereby authorized to accept and sign treatment for and behalf of my minor child.

_____	_____
<b>Full Name</b>	<b>Relationship</b>
_____	_____
<b>Full Name</b>	<b>Relationship</b>
_____	_____
<b>Full Name</b>	<b>Relationship</b>
_____	_____
<b>Full Name</b>	<b>Relationship</b>

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Patient or If Minor Parent/Guardian

**EMAIL AUTHORIZATION**

I hereby authorize Children's Heart Center to utilize any Email addresses provided to contact me.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Patient or If Minor Parent/Guardian