



PEDIATRIC PATIENT INFORMATION FORM

Chart Page # \_\_\_\_\_
Asst. Initials \_\_\_\_\_

PLEASE PRINT

Patient Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_
Street Address/PO Box # City State Zip

Patient Home Phone: ( ) Patient Age: Date of Birth: Male Female

Patient SS#: Person Responsible for Payment: \_\_\_\_\_

Mother: Soc.Sec.#: Home Phone: ( )

Mother's Employer: Employer Phone: ( )

Father: Soc.Sec.#: Home Phone: ( )

Father's Employer: Employer Phone: ( )

Other Guardian: Soc. Sec #: Home Phone: ( )

Primary Medical Caregiver (PCP): First Name: Last Name: Clinic Name: \_\_\_\_\_

Address: Phone: ( )

Regular Eye Doctor (if referred to Spokane Eye Clinic): Clinic Name: \_\_\_\_\_

Address: Phone: ( )

If patient was referred, by whom? Regular Eye Doctor School Nurse Other
Primary caregiver (nurse practitioner, physician asst., pediatrician, family doctor, other health care provider)

We would like to send a report of your child's eye exam to all physicians who care for your child. Please indicate here if you prefer that we NOT send a report to any of the above physicians:

Send report to all physicians listed above Do NOT send report to: \_\_\_\_\_

INSURANCE INFORMATION:
Primary Insurance: Policyholder's Name:
Policyholder's ID#: Group#:
Secondary Insurance: Policyholder's Name:
Policyholder's ID#: Group#:
Work Related: Yes / No Date of Injury: L&I Carrier:

Emergency Contact: Emergency Phone: ( )

Assignment of Benefits: I hereby assign payment of medical and/or surgical benefits be made to me or on my behalf to Spokane Eye Clinic for any services furnished my child by that facility. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment.

Custodial Parent or Guardian Signature: Date: \_\_\_\_\_