FamilyTimePediatrics

Patient Registration
FAMILY TIME PEDIATRICS

Child 1

First Name	MI	Last Name
Date of Birth	Gender Assigned at Birth	Primary Language

*Ethnicity
☐ Hispanic ☐ Non-Hispanic ☐ Unknown

*Race
☐ Asian ☐ Black ☐ Native American ☐ White ☐ Pacific Islander

Child 2

First Name	MI	Last Name
Date of Birth	Gender Assigned at Birth	Primary Language

*Ethnicity
☐ Hispanic ☐ Non-Hispanic ☐ Unknown

*Race
☐ Asian ☐ Black ☐ Native American ☐ White ☐ Pacific Islander

Child 3

First Name	MI	Last Name
Date of Birth	Gender Assigned at Birth	Primary Language

*Ethnicity
☐ Hispanic ☐ Non-Hispanic ☐ Unknown

*Race
☐ Asian ☐ Black ☐ Native American ☐ White ☐ Pacific Islander

*{Requested by government)

Mialing address

Street	City	State	Zip

Home Phone	Cell Phone

Who Lives at household?

Insurance Information		
Policy Holder Name	Policy Holder's Dob	Policy Holder Sex ☐Male ☐Female
Insurance Carrier	Policy ID#	Group#
Claims Address		

Contact 1		
Name	Relationship to Patient	Social Security Number
Lives with Patient? ☐Yes ☐No	Date of Birth	
Work#	Cell#	
Home Email	Work Email	
Best Method of Contact (Please select one) ☐Work ☐Cell ☐Email		

Contact 2		
Name	Relationship to Patient	Social Security Number
Lives with Patient? ☐Yes ☐No	Date of Birth	
Work#	Cell#	
Home Email	Work Email	
Best Method of Contact (Please select one) ☐Work ☐Cell ☐Email		

Emergency Contact	
Name	Relationship to Patient

FAMILY TIME PEDIATRICS, LLC
733 W 40TH ST
BALTIMORE, MD 21211
PHONE: 410-243-8632
FAX: 410-243-0470

Date: _____

I, _____, PARENT OF _____

HAVE RECEIVED A COPY OF FAMILY TIME PEDIATRICS' NOTICE OF PRIVACY PRACTICES.

_____

SIGNATURE OF PARENT/GUARDIAN