

First Steps Pediatrics, PLLC Patient Information Sheet

Patient Information:

Last Name	First	MI	D.O.B.	SSN
Street address	Apt/Unit #	City	State	Zip Code
Phone number	Email Address (Used for appointment reminders)			

We are required to ask the following information by federal regulations. If you wish not to disclose this information, or if this is unknown, please write decline or unknown.

Race of Child	Ethnicity of Child	Primary Language Spoken by Child
(Examples of Race: American Indian, Alaska Native, Asian, Black or African American, Native Hawaiian, Other Island Pacific, White, etc.)		
(Examples of Ethnicity: Non-Hispanic, Hispanic, Latino, Mexican American, Puerto Rican, Cuban)		

Guarantor: This is the person who is financially responsible for the patient's account.

Last Name	First	MI	D.O.B.	Social Security #	Relationship to Child
Street Address	Apt/Unit #	City	State	Zip Code	
Home Phone	Cell Phone	Work Phone	Driver's License # / State		

Primary Insurance Policy Holder and Policy Information:

Last Name	First	MI	D.O.B.	Social Security #	Relationship to Child
Street Address	Apt/Unit #	City	State	Zip Code	
Home Phone	Cell Phone	Work Phone			
Insurance Company	Address			Phone Number for Providers	
Policy Number	Group Number	Effective Date			

Secondary Insurance Policy Holder and Policy Information:

Last Name	First	MI	D.O.B.	Social Security #	Relationship to Child
Street Address	Apt/Unit #	City	State	Zip Code	
Home Phone	Cell Phone	Work Phone			
Insurance Company	Address			Phone Number for Providers	
Policy Number	Group Number	Effective Date			