East Portland Pediatric Clinic, P.C. Patient Registration Form

Parent or Guardian Information

Parent/Guardian (***Primary Contact***) **Legal Name**	Relation to Patient	Birthdate - -	SSN - -	Lives with Pt? [ ] Yes [ ] No
Preferred Phone # [ ] Cell [ ] Home [ ] Work	Second Phone # [ ] Cell [ ] Home [ ] Work		Other Phone # [ ] Cell [ ] Home [ ] Work	
Parent/Guardian (***Secondary Contact***) **Legal Name**	Relation to Patient	Birthdate - -	SSN - -	Lives with Pt? [ ] Yes [ ] No
Preferred Phone # [ ] Cell [ ] Home [ ] Work	Second Phone # [ ] Cell [ ] Home [ ] Work		Other Phone # [ ] Cell [ ] Home [ ] Work	

Preferred email address (print clearly)

Appointment reminders- we will attempt to call you to remind you of upcoming appointments.

If you wish to receive an additional automated reminder please choose only one of the options below.

[ ] Text #____

[ ] Phone call #_____________________________________

[ ] email as written above

Primary Address for all children listed below

Street Address		Apt
City	State	Zip

Patient Information –list all children who are or will be seen at our clinic

Legal First Name **Legal** Last Name	Birthdate - -	[ ] Male [ ] Female	Doctor
*Ethnicity: [ ] Hispanic or Latino [ ] Not Hispanic or Latino	Preferred Language:	[ ] English [ ] Other:	
*Race: [ ] American Indian or Alaskan Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander [ ] White			

Legal First Name **Legal** Last Name	Birthdate - -	[ ] Male [ ] Female	Doctor
*Ethnicity: [ ] Hispanic or Latino [ ] Not Hispanic or Latino	Preferred Language:	[ ] English [ ] Other:	
*Race: [ ] American Indian or Alaskan Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander [ ] White			

Legal First Name **Legal** Last Name	Birthdate - -	[ ] Male [ ] Female	Doctor
*Ethnicity: [ ] Hispanic or Latino [ ] Not Hispanic or Latino	Preferred Language:	[ ] English [ ] Other:	
*Race: [ ] American Indian or Alaskan Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Other Pacific Islander [ ] White			

*This is information that we are required to ask as part of our involvement in health care reform initiatives. Thank you for your cooperation.

PLEASE CONTINUE & SIGN OTHER SIDE

For more children please ask for another sheet.

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Emergency Contact Information – Please list a friend or relative NOT living with you. For emergency use only.

Name	Relation	Phone

Privacy Practices

I acknowledge that the Physician's Notice of Privacy Practices has been offered to me. The Notice of Privacy Practices provides detailed information about how the practice may use and disclose my or my child's confidential information. I understand that the physician has reserved the right to change his or her privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be provided to me or made available to me.

Financial Policy

I acknowledge that I am aware of East Portland Pediatric Clinic's financial policy and will be given a copy upon request.

Permission to Treat

I hereby authorize the physicians of East Portland Pediatric Clinic, P.C. to provide such medical services, regular or emergency, as may be determined to be in the best interest of those members of my immediate family, as listed above, who are minors. This authorization shall continue and be in full force and effect until revoked in writing by me.

Signature	Relationship to Patient	Date

How did you hear about our clinic? Please check all that apply.

[ ] Friend [ ] Web search [ ] OB-Gyn [ ] Other child already a patient
[ ] Family [ ] Hospital [ ] Advertisement [ ] Insurance company
[ ] Parent seen here as child [ ] Established Family

Updated	Scanned