

**Doctor :**

**Date :**

<b>Thank you for choosing our office. In order to serve you properly, please review and complete this form.</b>				
First, Middle, Last Name:		In Care Of:		Chart #
Billing Address:		City/State/Zip:		County you live in:
Home Ph:	SSN:	Birthdate:	Age:	Gender:
Preferred contact phone #:	Preferred language spoken:		Race:	
			Patient Status: <b>Minor</b>	
OK to leave message?	Ethnicity (Nationality): <b>Please circle one.</b> <b>I am not Hispanic or Latino / I am Hispanic or Latino</b>			
Mother's Name:		Mother's Daytime Phone #:	Mother's Employer:	
Father's Name:		Father's Daytime Phone # :	Father's Employer:	
Who has accompanied this minor patient to his/her appointment today? (Name and Relationship)				
Who may authorize treatment?			Relationship:	
Emergency Contact Name: * (Someone other than parent)			Relationship:	
ER Contact Home Ph:			ER Contact Work Ph:	
Did a Doctor/ Provider recommend GBPSA for <b>today's</b> appointment? (Please circle) Yes or No				
Doctor / Provider & Clinic Name:				
Who is your Primary Care Doctor?			Primary Doctor Clinic Name:	
			May we send a letter to your Primary Care Doctor?	
How did you hear about us? Mark all that apply.				
Attorney <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Phone Book <input type="checkbox"/> Magazine <input type="checkbox"/> Insurance Company <input type="checkbox"/> Seminar <input type="checkbox"/> Spa <input type="checkbox"/> Web <input type="checkbox"/> I am an existing patient <input type="checkbox"/> Other: <input type="checkbox"/> _____				
Person (s) financially responsible for treatment : (If different than above)				
Address of person financially responsible: (If different than above)			Phone:	
Primary Insured Party Name: Address: Relationship to patient:			Insured Party DOB :	
			Insured Party SS #:	
Primary Ins:		ID #:	Group #:	
Secondary Insured Party Name: Address: Relationship to patient:			Insured Party DOB :	
			Insured Party SS #:	
Secondary Ins:		ID #:	Group #:	
I acknowledge that all of the above information is correct to the best of my knowledge.				
<b>Parent or Authorized Representative Signature:</b>				<b>Date:</b>