

# Welcome to Angelina Pediatrics, PLLC

Please complete our patient information packet

## Patient Information

Today's date: \_\_\_\_\_

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Patient Social Security Number: \_\_\_\_\_

Child's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone number: (\_\_\_\_) \_\_\_\_\_ Sex of child: MALE FEMALE

Race: (Please check all that apply, info needed for lab test) \_\_\_ White \_\_\_ Black/African American \_\_\_ Hispanic  
\_\_\_ Asian \_\_\_ American Indian

## Mother's Information

Mother's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Mother's Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone number: (\_\_\_\_) \_\_\_\_\_

Marital status: Married Single Divorced Separated Widowed

Name of husband if Married: \_\_\_\_\_

Is mother responsible for account? Yes No Is mother employed Yes No

Employer's name if Employed: \_\_\_\_\_

Employer's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work telephone number: (\_\_\_\_) \_\_\_\_\_

## Father's Information

Father's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Father's Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone number: (\_\_\_\_) \_\_\_\_\_

Marital status: Married Single Divorced Separated Widowed

Name of wife if married: \_\_\_\_\_

Is father responsible for account? Yes No Is father employed Yes No

Employer's name if employed: \_\_\_\_\_

Employer's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work telephone number: (\_\_\_\_) \_\_\_\_\_

## Insurance Information / Medicaid Information

Name of primary insurance company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Group name: \_\_\_\_\_ Group #: \_\_\_\_\_ ID#(Medicaid #) \_\_\_\_\_

Card holder's name: \_\_\_\_\_

Whom may we thank for this referral? \_\_\_\_\_

**PAYMENT IS EXPECTED WHEN SERVICES ARE RENDERED**

Signature of Parent/Legal Guardian: \_\_\_\_\_