

Welcome to Lake Country Pediatrics, S.C.

Patient Information			
New Patients ONLY: HOW DID YOU HEAR ABOUT US?			
Name (First, Middle, Last)	Sex (M/F)	Date of Birth	Social Security Number

Home Phone: () _____ Cell: () _____ Work: () _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Information:

Name: _____ Phone: _____

Relationship to patient: _____

If Patient is a minor, fill out the following section. If patient is NOT a minor, continue to the section on insurance information.

Mom's Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Occupation: _____

Work Phone: () _____ Employer's Name: _____

Cell Phone: () _____ Date of Birth: _____ SSN: _____

Dad's Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Occupation: _____

Work Phone: () _____ Employer's Name: _____

Cell Phone: () _____ Date of Birth: _____ SSN: _____

Who does child live with? Mom ___ Dad ___ Both ___ Other ___

If other, what is the relationship to child? _____

Insurance Information (We can make a copy of your card.)

PLEASE NOTE: your insurance requires payment of your copay at the time of service.

If patient is a minor, who carries the insurance for the patient? Mom ___ Dad ___

Subscriber's Name (person who carries insurance): _____

Subscriber's Date of Birth: _____ Insurance effective date: _____

Secondary Insurance: _____

Subscriber's Name: _____ Date of Birth: _____ SSN: _____

Lake Country Pediatrics and Internal Medicine, S. C. may contact or leave a message on:

Home Phone: Yes ___ No ___ Cell Phone: Yes ___ No ___ Work Phone: Yes ___ No ___

I understand the above patient's medical records may be released to other agencies for the purpose of continuing care.
 I authorize Lake Country Pediatrics and Internal Medicine, S. C. to evaluate, treat and provide medical care to the above patient.
 I authorize Lake Country Pediatrics and Internal Medicine, S. C. to display my child's picture.

Signature: _____ Date: _____