

# Registration for Brandermill Pediatric & Adolescent Medicine

(please print this form fill it out & bring it with you on your first visit)

1<sup>st</sup> Child's Name \_\_\_\_\_  
Sex \_\_\_\_\_  
M D.O.B. \_\_\_\_\_  
F \_\_\_\_\_  
SS# \_\_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_  
Sex \_\_\_\_\_  
M D.O.B. \_\_\_\_\_  
F \_\_\_\_\_  
SS# \_\_\_\_\_

3<sup>rd</sup> Child's Name \_\_\_\_\_  
Sex \_\_\_\_\_  
M D.O.B. \_\_\_\_\_  
F \_\_\_\_\_  
SS# \_\_\_\_\_

4<sup>th</sup> Child's Name \_\_\_\_\_  
Sex \_\_\_\_\_  
M D.O.B. \_\_\_\_\_  
F \_\_\_\_\_  
SS# \_\_\_\_\_

5<sup>th</sup> Child's Name \_\_\_\_\_  
Sex \_\_\_\_\_  
M D.O.B. \_\_\_\_\_  
F \_\_\_\_\_  
SS# \_\_\_\_\_

6<sup>th</sup> Child's Name \_\_\_\_\_  
Sex \_\_\_\_\_  
M D.O.B. \_\_\_\_\_  
F \_\_\_\_\_  
SS# \_\_\_\_\_

Mother's Name \_\_\_\_\_  
D.O.B. \_\_\_\_\_  
SS# \_\_\_\_\_

Father's Name \_\_\_\_\_  
D.O.B. \_\_\_\_\_  
SS# \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

Work Address \_\_\_\_\_

Whom may we thank for referring you to Brandermill Pediatrics? \_\_\_\_\_

I give permission to \_\_\_\_\_ to bring my children in for office visits at Brandermill Pediatrics if I am unable to do so. I also understand that I will need to provide this person with the funds to pay office charges for these visits.

I authorize Brandermill Pediatric & Adolescent Medicine, P.C. to render medical care to my child/children. I authorize payment from my insurance carrier to Brandermill Pediatrics for incurred charges. I understand and agree that (regardless of my insurance status, I am ultimately responsible for the balance of my account for any professional services rendered.

I have read all the information above and certify that this information accurate & that I will notify Brandermill Pediatrics of any changes in the above information.

Signed \_\_\_\_\_ Today's Date \_\_\_\_\_