Child Psychiatry Associates, P.C.
Patient Registration

Assigned to _____
1st Appt. Date _____
Patient Acct. # _____

PLEASE PRINT

INFORMATION TO BECOME PART OF YOUR CONFIDENTIAL MEDICAL RECORD

Complete the following information carefully.

PATIENT

Patient Name (First, Middle, Last)	Home Phone (555) 555-5555	Work Phone (555) 555-5555	Cell Phone (555) 555-5555
Street Address	City, State, Zip Code		
Age / Date of Birth (mm/dd/yy) / Gender ☐ Male ☐ Female	Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced	Social Security # 000-00-0000	
☐ Employed ☐ Not Employed ☐ Student ☐ Retired ☐ Disabled			
Employer or School	Occupation (Title)		

PARENT/GUARDIAN

Parent/Guardian Information

Mother/Spouse Name (First, Middle, Last)	Home Phone (555) 555-5555	Work Phone (555) 555-5555	Cell Phone (555) 555-5555
Street Address	City, State, Zip Code		
Father Name (First, Middle, Last)	Home Phone (555) 555-5555	Work Phone (555) 555-5555	Cell Phone (555) 555-5555
Street Address	City, State, Zip Code		
Stepfather/Stepmother Name (First, Middle, Last)	Home Phone (555) 555-5555	Work Phone (555) 555-5555	Cell Phone (555) 555-5555
Street Address	City, State, Zip Code		

INSURANCE

Insurance Information

Primary Insurance	Subscriber's Full Name	Subscriber's Social Security #
Subscriber's Date of Birth	Gender ☐ Male ☐ Female	Relationship to Patient
Policy ID No. / Group No.	Group Name	Employer
Secondary Insurance	Subscriber's Full Name	Subscriber's Social Security #
Subscriber's Date of Birth	Gender ☐ Male ☐ Female	Relationship to Patient
Policy ID No. / Group No.	Group Name	Employer

Insurance Authorization

Authorization # _____ Beginning Date _____
Number of Visits _____ Ending Date _____

NOTIFY

Emergency Contact Information

Full Name of Emergency Contact (not living with you)	Relationship to Patient	Home Phone (555) 555-5555

MEDICAL

Medical Information

Routine Medications:

_____
_____
_____
_____
_____
_____

Allergies to Medications (please check):

☐ Antidepressants
☐ Tranquilizers
☐ Aspirin, Codeine or Morphine
☐ Tetanus Antitoxin or Serums
☐ Others _____
☐ Ritalin
☐ Penicillin or Sulfa
☐ Mycins or other Antibiotics

Family Physician	Referring Physician