Northwest Pediatric Ophthalmology
Pediatric Ophthalmology and Adult Strabismus

Pediatric Patient Information

PLEASE PRINT

NAME _____ Nickname _____ **SEX** ❑ M ❑ F
Last First MI

ADDRESS _____
Street Address/PO BOX # City State ZIP

PREFERRED PHONE(____) _____ **SECONDARY PHONE**(____) _____ OK to call these numbers and leave message? YES NO

PATIENT AGE _____ **BIRTH DATE** _____ **SS#** _____

EMERGENCY CONTACT (Other than Parents) _____ **PHONE #**(____) _____

PRIMARY DOCTOR/PEDIATRICIAN

_____

PCP Clinic Name _____

Address _____
Street Address/PO BOX

_____
City State ZIP

Phone #(____) _____

If patient was referred, by whom?

_____

IS THIS YOUR:

❑ **Primary caregiver** ❑ **Regular Eye Doctor**
❑ **School Nurse** ❑ **Other** _____

Please check the box by each guardian living with the patient:

❑ **GUARDIAN #1** _____ Relationship to Patient _____

SS# _____ DATE OF BIRTH _____

PHONE #(____) _____ ADDRESS _____
Street Address/PO BOX # City State ZIP

EMPLOYER _____ OCCUPATION _____

EMPLOYER PHONE #(____) _____ OK to call this number? _____

❑ **GUARDIAN #2** _____ Relationship to Patient _____

SS# _____ DATE OF BIRTH _____

PHONE #(____) _____ ADDRESS _____
Street Address/PO BOX # City State ZIP

EMPLOYER _____ OCCUPATION _____

EMPLOYER PHONE #(____) _____ OK to call this number? _____

Person responsible for bill: _____ **SS#** _____

PHONE #(____) _____ ADDRESS _____

INSURANCE INFORMATION (MUST BE COMPLETED IN ADDITION TO OBTAINING A COPY OF YOUR CARD)

Primary Insurance: _____ Policyholder's Name _____

Assignment of Benefits: I hereby assign to the physician all payments for medical services rendered to my dependents. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all the charges whether or not paid by insurance. I hereby authorize said assignee to release all information necessary to secure payment.

Parent or Guardian Signature _____ **Date** _____

Reviewed _____ Date _____ Date _____ Date _____ Date _____ Date _____ Date

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