Primary Care Doctor: _____

HFHC Hillcrest Pediatric Clinic

Patient Information

Patient Name: _____ ***Sex:*** Male Female ***Social Security No:*** _____

Date of Birth: _____/_____/_____ ***Marital Status:*** Married Divorced Widowed Single Separated

Ethnicity: Hispanic/Latino or Not Hispanic/Latino ***Race*** *(you may list more than one)****:*** _____

Preferred Language: _____ ***Religion*** *(optional)*: _____

Mailing Address: _____ ***Phone Numbers:*** *Primary:*

_____ ***Home:*** _____ ☐

City: _____ ***State:*** _____ ***Zip:*** _____ ***Work:*** _____ ☐

E-Mail: _____ ***Cell:*** _____ ☐

Text Reminders? ☐

Employment Information:

Employment Status: Full Time Part Time Not Employed ***Student?:*** Yes No

Employer: _____ ***Work Number:*** _____

Emergency Contacts:

Name:_____ ***Name:***_____

Relationship to Patient: _____ ***Relationship to Patient:*** _____

Phone Numbers: *Primary:* ***Phone Numbers:*** *Primary:*

Home: _____ ☐ ***Home:*** _____ ☐

Work: _____ ☐ ***Work:*** _____ ☐

Cell: _____ ☐ ***Cell:*** _____ ☐

Guarantor (Individual responsible for the bill):

Name: _____ ***Social Security No:*** _____

Date of Birth: _____/_____/_____ ***Relationship to Patient:*** _____

Mailing Address: ***Phone Numbers:*** *Primary:*

_____ ***Home:*** _____ ☐

_____ ***Work:*** _____ ☐

City: _____ ***State:*** _____ ***Zip:*** _____ ***Cell:*** _____ ☐

Employment Information:

Employment Status: Full Time Part Time Not Employed ***Student?:*** Yes No

Employer: _____ ***Work Number:*** _____

Policy Holder (Individual who holds or owns the insurance):

☐ *Same as Guarantor*

Name: _____ ***Social Security No:*** _____

Date of Birth: _____/_____/_____ ***Relationship to Patient:*** _____

Mailing Address: ***Phone Numbers:*** *Primary:*

_____ ***Home:*** _____ ☐

_____ ***Work:*** _____ ☐

City: _____ ***State:*** _____ ***Zip:*** _____ ***Cell:*** _____ ☐

Employment Information:

Employment Status: Full Time Part Time Not Employed ***Student?:*** Yes No

Employer: _____ ***Work Number:*** _____