

Highlands Pediatrics

Pediatrician: Dr. Hudgens Dr. Johnston Dr. Myers Dr. Seeley

Child's Info:

First: _____ Middle: _____ Last: _____
DOB: _____ Sex: **M** or **F**
Language _____ Race _____ Ethnicity _____
Address: _____ Zip: _____
Home Ph#: _____ Cell Ph#: _____
Social Security No#: _____ Insurance _____
Policy Holder Name _____
ID# _____ Group No#: _____
Preferred Pharmacy: _____

Parents Info:

Father's Name: _____ SS# _____ DOB: _____
Address(if different): _____
Home Ph#: _____ Cell Ph#: _____
Employer: _____ Work Phone: _____

Mother's Name: _____ SS# _____ DOB: _____
Address(if different): _____
Home Ph#: _____ Cell Ph#: _____
Employer: _____ Work Phone: _____

Parents are _____ Married _____ Separated _____ Single
Child resides with _____

Other Children In Child's Home:

Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____

Emergency Contact Info(Other than parent):

Name: _____ Relationship _____ Phone# _____

Who has permission to bring child to appointment (other than parent)

Name: _____ Relationship _____ Phone# _____
Name: _____ Relationship _____ Phone# _____

It is the parent's responsibility to keep this information current and updated.