



## Patient Application Form

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

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex    M / F

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Social Security # \_\_\_\_\_

**Preferred language**     English     Spanish     Other: \_\_\_\_\_

Name & birthdates of child's brothers and/or sisters (include last name if different)

\_\_\_\_\_

**Has your child ever been seen at our practice?**     YES     NO

**Have any of your child's brothers and/or sisters ever been seen at our practice?**     YES     NO

If yes, which brothers or sisters? \_\_\_\_\_

**What was your reason for leaving the practice?** \_\_\_\_\_

If your child (or children) has not been seen before, who may we thank for referring you to our office? \_\_\_\_\_

Name of child's current doctor \_\_\_\_\_

Name of child's previous doctor \_\_\_\_\_

Name of parents' family doctor \_\_\_\_\_

How did you hear about SPC?  
 Physician / Hospital     Marketing Ads     Social Media (Facebook / Instagram)  
 Google     SPC's Website     Patient     Signage (building)  
 Related Profession (Physical Therapy etc.): \_\_\_\_\_  
 Other: \_\_\_\_\_

**REASON FOR CHANGING PROVIDERS** \_\_\_\_\_

\_\_\_\_\_

**MOTHER'S NAME WHO IS LEGAL GUARDIAN** \_\_\_\_\_ Birthdate \_\_\_\_\_

Social Security # \_\_\_\_\_ Marital Status \_\_\_\_\_ Email \_\_\_\_\_

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

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

**FATHER'S NAME WHO IS LEGAL GUARDIAN** \_\_\_\_\_ Birthdate \_\_\_\_\_

Social Security # \_\_\_\_\_ Marital Status \_\_\_\_\_ Email \_\_\_\_\_

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

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION: PROVIDE A COPY OF EACH INSURANCE CARD**

Primary Policy Holder Name	Primary Insurance	Secondary Ins./Medicaid
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**WE STRONGLY BELIEVE IN VACCINATING OUR PATIENTS ACCORDING TO THE RECOMMENDED  
 AMERICAN ACADEMY OF PEDIATRICS AND CENTER FOR DISEASE GUIDELINES.  
 BY SIGNING BELOW, YOU ARE AGREEING TO ALLOW US TO VACCINATE YOUR CHILD**

Parent/Guardian Printed Name

Signature

Date