

# Pre Registration

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## ADDITIONAL INFORMATION

**Father's name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ - \_\_\_\_\_ *Street* *City/State/Zip*  
Work ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

**Mother's name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ - \_\_\_\_\_ *Street* *City/State/Zip*  
Work ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Male Step-parent (if applicable): \_\_\_\_\_

Legal Male Guardian (if applicable): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Name of Female Step-parent (if applicable): \_\_\_\_\_

Legal Female Guardian (if applicable): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Whom to Call in Case of Emergency? (other than parents)

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

## SIGNATURE REQUIRED

*I hereby authorize Muddy Creek Pediatrics LLC (MCP) to submit a claim to my insurance carrier or its intermediaries for all covered services rendered by MCP health care providers and hereby direct my insurance carrier or its intermediaries to issue payment directly to Muddy Creek Pediatrics LLC on behalf of such rendered services. I understand that I am financially responsible to the office for any balances not covered by my insurance carrier. I further certify that I have received, read, and agree with the MCP Privacy Policy document.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Who can we thank for recommending our practice to you? \_\_\_\_\_