

FLATON ADDEPT CENTER

San Luis Obispo, California 93401

Patient Demographic/Insurance Form - (under 18)

atient Name:			DOR:	//
First	Middle	Last		
Patient Information				
Address:				
Street Address		City	State	Zip
Mailing Address (if different from address above):				
Street Address		City	State	Zip
Gender: \circ M / \circ F Email:		Cell	:	
Sibling:	DOI	3:	Resides w/ Pati	ent: \circ Y / \circ N
Sibling:	DOI	3:	Resides w/ Pati	ent: \Box Y / \Box N
Sibling:	DOI	3:	Resides w/ Pati	ent: \Box Y / \Box N
Patient Resides With: Father Mother Other (relationship)			
School Child Attends::		Grade:		le:
#1 Parent/Guardian Information Name:				
Address:				
Street Address		City	State	Zip
Mailing Address (if different from address above):				
Street Address		City	State	Zip
Cell Phone :	Text: □ Y / □ N	□ Home Phone:		
Email:				
Preferred method of contact: Cell call Cell text	□ Home call □	Email		
#2 Parent/Guardian Information Name:				
Address:				
Address	City	State	Zip	
Mailing Address (if different from address above):				
Street Address		City	State	Zip
Cell Phone :	Text: □ Y / □ N	□ Home Phone:		
Email:				
Preferred method of contact: Cell call Cell text	: • Home call •	Email		



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Patient Name:			DOB:/	/		
First	Middle	Last				
Primary Care Pediatrician						
Primary Care Pediatrician:						
Office Phone Number:	Fax Nı	Fax Number:				
Address:						
Street Address	Ci	•	State Zip			
Primary Insurance						
Insured's Name:		□ Male □ Female	e			
Relationship to Patient: Self Parent/C	Guardian Spouse Child	Other Insured's DOB	s :/			
Member ID Number:	Group Number:					
Secondary Insurance						
Insured's Name:		Male Female	ę			
Relationship to Patient: Self Parent/Gu	uardian O Spouse Child Other	Insured's DOB:	_//			
Member ID Number:		Group Number:				
Emergency Contact:						
Name:		DOB	B:/			
Relationship to Patient: Parent/Guardian	n □ Spouse □ Child □ Other					
Phone Number:						
Street Address:	City:	State:	Zip:			
Responsible Party for Financial Paymen	<u> </u>					
Name:		DC)B:			
Relationship to Patient: Parent/Guardian	n □ Spouse □ Child □ Other					
Phone Number:	Email:					
Address:						
Street Address	Ci	ty	State Zip			
Social Security #						
Responsible party signature		Date:				