

**THE PURCELL CLINIC, P.A.-PEDIATRIC AND ADOLESCENT MEDICINE**  
**Patient and Family Information Sheet**

Parent's Information:

Father: \_\_\_\_\_  
(Name) (DOB) (SSN)

Mother: \_\_\_\_\_  
(Name) (DOB) (SSN)

Names of Children: Birth Date Social Security  
Number

_____	_____	_____
_____	_____	_____
_____	_____	_____

Street Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Home Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mother Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Nearest Relative or Contact Person (other than parents)

Name & Relationship \_\_\_\_\_

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

Health Insurance Company:

Father: \_\_\_\_\_  
(name of company) (address) (telephone)

Mother: \_\_\_\_\_  
(name of company) (address) (telephone)

**\*\*\*\*\*IF YOU HAVE AND INSURANCE CARD, PLEASE GIVE CARD TO RECEPTIONIST\*\*\*\*\***

Medicaid: YES \_\_\_\_\_ NO \_\_\_\_\_ PENDING \_\_\_\_\_

**RESPONSIBILITY FOR PAYMENT: The undersigned hereby acknowledges responsibility for the payment of all debts incurred in the treatment of the above named children, when said children are brought to The Purcell Clinic, P.A. for medical treatment. I understand I am responsible for payment of any service performed which has not been authorized by my health care benefits plan or which will not be paid by my health care plan.**

**Authorization for medical information, insurance benefits and payment**

I hereby authorize the Purcell Clinic, P.A. to release any information acquired in the course of examinations or treatment of my children as may be needed.

I further authorize assignment of insurance benefits to The Purcell Clinic, P.A. regarding medical, surgical and/or medical benefits for my children otherwise payable to me for physician's services as described, but not to exceed the reasonable and customary charge for those services. I understand that authorizations will remain in effect as long as my children remain under the care of The Purcell Clinic, P.A.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

