



Patient Registration

18135 E. Petroleum Dr., Suite A
Baton Rouge, LA 70809
Tel (225) 636-5437
Fax (225)636-5547

Who is your primary pediatrician? Dr. Barrient Dr. Busenlener Dr. Philippe

Patient (Last, First, MI) _____

Patient's Preferred Name _____ Gender F M

Date of Birth ____/____/____ Social Security # ____-____-____

Preferred Phone (____) _____

Patient Address _____

School Attending _____ How did you hear about us? _____

Has patient ever seen us before? Y N If yes, within the past 3 years? Y N

Mother's Name _____ **Email** _____

DOB ____/____/____ SSN _____ Home (____) _____ Cell (____) _____

Address (if different from Patient's) _____

Employer's Name _____ Employer's Phone(____) _____

Father's Name _____ **Email** _____

DOB ____/____/____ SSN _____ Home (____) _____ Cell(____) _____

Address (if different from Patient's) _____

Employer's Name _____ Employer's Phone(____) _____

Parent's Marital Status

Married Not Married Separated – Living Apart

Guarantor

If the patient's parents / legal guardians are unmarried or legally separated, the parent or guardian accompanying the child to the appointment will be established as the account guarantor. In order to change the guarantor on the account, a **Change of Guarantor Request** form must be completed.

Authorization & Release

I authorize The Pediatric Place, LLC to release any medical or other information necessary to process medical claims for services provided. I request payment of government benefits to The Pediatric Place, LLC. I authorize payment of medical benefits to The Pediatric Place, LLC for services provided. I understand that I am personally responsible for payment of services provided.

Signature _____

Printed Name _____ **Date:** ____/____/____