NEW PATIENT INFORMATION

Healthy Starts Pediatrics, PC

(717) 652-7616 (phone) (717)909-3204 (fax) 845 Sir Thomas Court, Suite 7 Harrisburg, PA 17109

Name of child (please print clearly)			DOB:	
Resident Address:				
Resident Address	Street	City	State	 Zip
Parent(s) Name(s):	Mother:		_ DOB:	
	Father:		_ DOB:	
	Other :	Relationsh	Relationship:	
*Please note that if any entitled to information		ent is in the child's life, you shou	uld include it above. Both b	iological parents ar
CONTACT INFO:				
	Primary Mobile F (This will be used for	Phone #:appointment confirmations and other		/ Father
		number:		/ Home
	To whom does this	# belong?		
	Email Address: (Fo	r office emergencies and appoir	ntment reminders)	
		surance?):		
ID#:				
		Effective Date:		
msurance co	ompany Address			
Secondary Insuranc	e Carrier / Company	r:		
Subscriber N	Name (who carries in	surance?):		
Subscriber's	Date of Birth:			
		Effective Date:		