JEFFREY A. HIRSCHFIELD, MD, PA
6499 38th Avenue N. Suite A-2 St. Petersburg, FL 33710
Phone (727) 381-4305 Fax (727) 344-7509

DATE: _____/_____/_____ PATIENT/VISITOR INFORMATION SHEET

CURRENT INSURANCE COMPANY: _____

GUARANTOR'S NAME (INSURED):_____RELATIONSHIP TO PATIENT_____

Child's/Patient's Name: _____
(Last) (First) (Middle)

DOB: _____/_____/_____ SEX: _____ RACE_____REFERRED BY: _____

HOME Address: _____Apt: _____

City: _____State:_____Zip:_____

Home Phone: _____Cell/Alternate Phone: _____

Email Address: _____

Siblings: Name: _____DOB: _____ Name: _____ DOB: _____

Name: _____DOB: _____ Name: _____ DOB: _____

Emergency/Family Contact Person (other than parents): _____ Phone: _____

Mother's Name: _____DOB: ____/____/____ SS#_____

Mother's Address (If different from child): _____
Street City State Zip Code

Home Phone: _____Cell Phone: _____Work Phone: _____

Mother's Employer: _____Occupation: _____

Mother's Work Address: _____
Street City State Zip Code

Father's Name: _____DOB: ____/____/____SS#_____

Father's Address (If different from child):_____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's Employer: _____Occupation: _____

Father's Work Address: _____
Street City State Zip Code

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Regardless of any data above, my signature below acknowledges that I am ultimately responsible for my child's medical charges. If my insurance refuses to pay for any reason, including, but not limited to, insured termination, non-covered services, lack of coordination of benefits, or insurance insolvency then I am fully responsible for the amount due plus any additional late fees or legal expenses incurred by provider to obtain payment(s) on child's medical office account. My signature on this form authorizes you to release any medical information about my child to my child's Physician, Referred Specialist, or to my Insurance Companies.

Signature: _____Date:_____/_____/_____

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All info above is up to date (to be updated yearly by parent/guardian) 1._____/_____ 2._____/_____ 3._____/_____
Initials mm/dd/yy Initials mm/dd/yy Initials mm/dd/yy