Crested Butte Pediatrics
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970-349-3333/844-278-8636 (fax)

# New Patient Registration

**Child #1**: Last Name: _____ First Name: _____ MI: _____
D.O.B.: _____/_____/_____ Sex: _____ Primary Language: _____

**Child #2** Last Name: _____First Name:_____MI:_____
D.O.B.: _____/____ _/_____ Sex:_____Primary Language: _____

## Insurance Information

**Primary Policy**: Policy Holder's Name: _____
Policy Holder's Birth Date: _____ Policy Holder's Sex: Male / Female
Insurance Carrier: _____

## Patient Information

**Mailing Address:** _____
(Street or PO Box) (City) (State & Zip)
Home Phone: ( _____ ) _____ - _____
Who lives at this household? _____
(Please note, this information is being requested to improve intake of your child's Social History.)

## Contact Information

**Contact 1:** Name: _____ Date of Birth: ____ / ____ / ____
Relation to Patient: _____ Biological Relation to Patient: _____
(Please note, this information is being requested to improve intake of your child's Family Medical History.)
Work Phone: ( ____ ) _____ - _____ Cell Phone: ( ____ ) _____ - _____
Preferred Email: _____

**Contact 2:** Name: _____ Date of Birth: ____ / ____ / ____
Relation to Patient: _____ Biological Relation to Patient_____
(Please note, this information is being requested to improve intake of your child's Family Medical History.)
Work Phone: ( ____ ) _____ - _____ Cell Phone: ( ____ ) _____ - _____
Preferred Email: _____

# New Patient Registration Page 2

**Emergency Contact**, other than parents:

_____ Relationship _____ Phone: ( ___ ) _____ - _____

**Additional Contact Questions:**

Who should receive billing statements? _____

**If parents are divorced or separated please fill out this section:**

Who has custody? _____

Are there any legal restrictions that would restrict the non-custodial parent from consenting to medical treatment for the child or from obtaining information about the child's medical treatment? Yes / No

If yes, please explain and provide a copy of any legal paperwork that supports this restriction.

_____

_____

_____

**Anything else you would like us to know**

_____

_____

_____