



1002 Park Ave N, Suite H • Renton, WA 98057 • Phone: (425) 988-2808

**PATIENT REGISTRATION**

CHILD'S INFORMATION		ACCOUNT #	
NAME (Last, First, Middle Initial)		DATE OF BIRTH	AGE
NICKNAME		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
ADDRESS		PHONE	
CITY, STATE, ZIP			

**RESPONSIBLE PARTY**

NAME (Last, First, Middle Initial)		DATE OF BIRTH	
ADDRESS		SOCIAL SECURITY NUMBER	
CITY, STATE, ZIP		MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married	
HOME PHONE	MESSAGE PHONE	CELL PHONE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
PREFERRED METHOD FOR CONFIRMATION <input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Text Message    Cell Carrier _____		RELATIONSHIP TO PATIENT	
EMPLOYER		WORK PHONE	
OCCUPATION		E-MAIL ADDRESS	

**OTHER MEMBERS OF YOUR FAMILY SEEN BY THIS OFFICE**

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER

**WHO SHOULD BE NOTIFIED IN CASE OF EMERGENCY? (Not Living With You)**

NAME	PHONE
ADDRESS	

**REFERRED TO THIS OFFICE BY:**

NAME	PHONE
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**INSURANCE INFORMATION**

PRIMARY COVERAGE		SECONDARY COVERAGE	
SUBSCRIBER'S NAME		SUBSCRIBER'S NAME	
DATE OF BIRTH	RELATIONSHIP TO PATIENT	DATE OF BIRTH	RELATIONSHIP TO PATIENT
INSURANCE COMPANY		INSURANCE COMPANY	
SOCIAL SECURITY NUMBER OR ID #		SOCIAL SECURITY NUMBER OR ID #	
GROUP NUMBER		GROUP NUMBER	
LOCAL NUMBER OR POLICY NUMBER		LOCAL NUMBER OR POLICY NUMBER	
EMPLOYER		EMPLOYER	
OCCUPATION		OCCUPATION	
UPDATED ON	SIGNATURE	DATE	