



7006 Fulton Ct., Montgomery, AL 36117

Patient Information

Patient Primary Language _____ Not Hispanic _____ Hispanic _____ Birth Country _____

Patient Name _____ Sex: M ___ F ___ Birthdate _____
Last First MI

Primary Phone # _____ Home Cell OK to leave message Child's Cell # _____

Street _____ City, ST, Zip _____

SS# _____

Parent/Guardian Information

Father _____ Birthdate _____
____ Parent ____ Step Parent ____ Grandparent ____ Legal Guardian ____ Other

Street _____ City, ST, Zip _____

Primary Phone # _____ Home Cell Ok to leave message Alternate # _____

Employer _____ Position _____ Work # _____

SS # _____ DL # _____

Mother _____ Birthdate _____
____ Parent ____ Step Parent ____ Grandparent ____ Legal Guardian ____ Other

Street _____ City, ST, Zip _____

Primary Phone # _____ Home Cell Ok to leave message Alternate # _____

Employer _____ Position _____ Work # _____

SS # _____ DL # _____

RESPONSIBLE PARTY (BILLING INFORMATION)

Primary Insurance Company _____ Policy # _____ Group# _____

Insurance Company Address _____

Insurance Policy Holder _____ DOB: _____ Relationship to Patient _____

Secondary Insurance Company _____ Policy # _____ Group # _____

Insurance Policy Holder _____ DOB: _____ Relationship to Patient _____

If not covered by Insurance,
person responsible for billing _____ Relationship to Patient _____

OTHER INFORMATION

Family Email _____ Ok to notify by email: ___Yes ___No

Preferred Pharmacy & Location _____

Preferred Pharmacy Phone # _____

HIPPA EMERGENCY CONTACT

I authorize Payne and Holloway and its staff to speak to and provide information about my child(ren), to the following emergency contact when I am not available. I understand that it is my responsibility to update this list and confirm all contact names and numbers at each visit at a minimum of once a year.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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