2999 Regent Street, Suite 325, Berkeley, CA 94705
96 Davis Road, Suite 2, Orinda, CA 94563
(925) 438-1100
www.eastbaypediatrics.com

Patient Information Form

Child's Name:		DOB:	

Male	Female	Birth Weight	

Sibling(s)

Name:		DOB:	
Name:		DOB:	
Name:		DOB	

Address______________________________________ ______________________________________
Street City/zip

Parent's Name:______________________________ Parent's Name:______________________________
SS# ______________________________ SS# ______________________________
DOB_____/_____/______ DOB ____/____/____
Address (if different than above): Address (if different than above):
______________________________ ______________________________
______________________________ ______________________________

Confidential Communication Preference. **Please circle**: Home Phone / Cell Phone / Text / Email

Home Phone #______________________________ Home Phone # ______________________________
Occupation ______________________________ Occupation ______________________________
Employer ______________________________ Employer ______________________________
Work Phone # ______________________________ Work Phone # ______________________________
Cell Phone # ______________________________ Cell Phone # ______________________________

Primary Email ______________________________

Primary Insurance Co ______________________________ Second Insurance Co ______________________________
Subscriber Name ______________________________ Subscriber Name ______________________________
Subscriber # ______________________________ Subscriber # ______________________________
Group # ______________________________ Group # ______________________________
Copay ______________________________ Copay ______________________________

I acknowledge receipt of: East Bay Pediatrics Medical Group Financial and Billing Policies & East Bay Pediatrics Medical Group Notice of Privacy Practices

______________________________ ______________________________
Signature of Parent/Guardian ***Print Name***
______________________________ ***Primary language spoken: English____ Other___________***

Date