



ELDRIDGE POINTE PEDIATRICS

126 Eldridge Rd., Unit D.
Sugar Land, TX 77478
Phone: (832) 939-8956; Fax: (832) 930-4748

PATIENT REGISTRATION

Today's Date: _____

Completed By: _____ Relationship to patient: _____

PATIENT'S INFORMATION

Name: _____ Nickname: _____ DOB: _____
Last First MI

Sex: Female Male Race: Caucasian African American Hispanic Asian
 Other: _____

Address: _____
Street Number City State Zip

Home Phone #: _____ Alternating phone#: _____

School: _____ Grade Level: _____ Preferred Language: _____

Child lives with: _____

Please tell us how you chose us: Drive by Advertisement: (please specify) _____
Referred by: Friend: _____ Relative: _____
 Doctor: _____

PARENTS' INFORMATION

Mother's Name: _____ DOB: _____ SS#: _____

Address (if different from above): _____
Street City State Zip

Phone #: _____ Cell #: _____ Work #: _____

Receive Text message: Yes No

Occupation: _____ Company: _____

Driver License #: _____ State: _____ Email: _____

Father's Name: _____ **DOB:** _____ **SS#:** _____

Address (if different from above): _____
Street City State Zip

Phone #: _____ Cell #: _____ Work #: _____

Receive Text message: Yes No

Occupation: _____ Company: _____

Driver License #: _____ State: _____ Email: _____

OTHER CAREGIVER INFORMATION (Other than parents)

Name: _____ Relationship to patient: _____

Address (if different from above): _____
Street City State Zip

Phone #: _____ Cell #: _____ Work #: _____

Receive Text message: Yes No

Driver License #: _____ State: _____ Email: _____

EMERGENCY CONTACT

Name: _____ Relationship to Patient: _____

Address: _____ Phone #: _____

CONSENT FOR TREATMENTS/PAYMENTS

- 1) I authorize Eldridge Pointe Pediatrics and staffs to provide medical services to the patient listed above
- 2) I authorize the payment of insurance benefits for the patient listed above to Eldridge Pointe Pediatrics / Dr. Jamie Ngo. I understand that I am responsible for any balance not paid by my insurance
- 3) I understand that I am responsible to pay for service rendered, including reasonable attorney's fees and costs of collections in the event of default.

Signature: _____ Date: _____