Family Information Sheet Date: ______________ Chart #: ____________________

ALL CHILDREN Last Name First Name DOB

1) ____ __________________ M F

2) ____ __________________ M F

3) ____ __________________ M F

4) ____ __________________ M F

Do Children live with ☐ Mother ☐ Father ☐ Both ☐ Other ______________________________

☐ Mother ☐ Father ☐ Other ________________	☐ Mother ☐ Father ☐ Other ________________
Name ____	Name ____
DOB ______________ SSN ____________________	DOB ______________ SSN ____________________
Mailing Address ____________________________________	Mailing Address ____________________________________
____	____
City State ZIP	City State ZIP
Home Phone# _________________________________	Home Phone# _________________________________
Employer ____________________________________	Employer ____________________________________
Work Phone # ________________________________	Work Phone # ________________________________

Emergency Contact Name ______________________________________ Phone Number ____________________

Authorization & Consent (please read before signing)

I hereby authorize PAM to furnish information to my insurance carrier concerning my child/children. I understand that I am financially responsible for all charges whether or not paid by my insurance. I understand that it is my responsibility to update PAM with any insurance changes. Failure to provide current information may result in you receiving a bill. I also consent to the examination and/or treatment of the child/children listed above by the medical personnel of Pediatric & Adult Medicine, Inc..

Signed ____ ☐ Mother ☐ Father ☐ Other ________________

How were you referred to our office? ____ Thank You

INSURANCE Information as of _____________________________ (date)

Insurance Company ____________________________________ ☐ HMO ☐ PPO ☐ POS ☐ _________

Claims Address: ____

____

Certificate # or Member ID # ___________________________________ Group #: ________________________

Whose insurance is it? ☐ Mother ☐ Father ☐ Child ☐ Other _________________________

Who will pay outstanding bills? ☐ Mother ☐ Father ☐ Other ________________________________