

Myrtle Avenue Pediatrics
Drs. Greg Savel, Karen Kelly, Kathryn Boreman and Kimberly Odom

PATIENT INFORMATION

Date: _____

Chart #: _____

Child's name: _____
First Middle Last Date of Birth Sex
Allergies?: _____ Race: _____ if over 18 cell#: _____

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Child's name: _____
First Middle Last Date of Birth Sex
Allergies?: _____ Race: _____ if over 18 cell#: _____

Parent/Guardian #1

Name: _____
First Middle Last Relationship to child: _____

Birthdate: ____/____/____ SS#: ____-____-____ Email: _____

Employer: _____ Occupation: _____

Home#: _____ Cell#: _____ Work#: _____

Address _____ City _____ State: _____ ZIP: _____

Parent/Guardian #2

Name: _____
First Middle Last Relationship to child: _____

Birthdate: ____/____/____ SS#: ____-____-____ Email: _____

Employer: _____ Occupation: _____

Home#: _____ Cell#: _____ Work#: _____

Address: _____ City: _____ State: _____ ZIP: _____

Pharmacy Name: _____ Phone: _____ ZIP: _____

Please list anyone who can accompany your child/children to their appointment when you cannot
This does not give permission for Protected Health Information (PHI) to be given to the person(s) listed

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

(Staff) Insurance verified and scanned: _____

All registration info updated & entered: _____