



TOT'S N TEEN'S PEDIATRIC URGENT CARE



PATIENT INFORMATION

Patient Last Name: _____ First Name: _____ MI: _____

DOB: _____ / _____ / _____ Gender: Male Female

Address: _____

(Street)

(Apt. #)

(City)

(State)

(Zip)

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

Email address: _____

(The provided email address will not be sold, transmitted, or transferred to any 3rd party vendors for any reason)

PARENT/GUARDIAN/GUARANTOR INFORMATION

Last Name: _____ First Name: _____ MI: _____

DOB: _____ / _____ / _____ Gender: Male Female SSN: _____

Relationship to patient: _____

Address: _____

(Street)

(Apt. #)

(City)

(State)

(Zip)

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

Is this person the Emergency Contact for the patient? Yes No

If not, Emergency Contact name: _____

Relationship to Patient: _____ Phone: _____

CONTACT PREFERENCES

Contact me by: Primary Phone Email Other: _____

_____ I authorize TNPUC to leave a detailed message on my answering machine or voicemail.

_____ I DO NOT authorize TNPUC to leave a detailed message on my answering machine or voicemail.

I acknowledge that by choosing this option that I, the Patient, assume full responsibility for contacting TNPUC for the results of all testing.

PRIMARY CARE PROVIDER/PEDIATRICIAN

Name: _____

City: _____ Specialty: _____



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INSURANCE

Private/Self Pay. I do not want to file today's visit on an insurance plan.

#1 Name of Primary Insurance Provider: _____

Subscriber Name: _____ Relationship to Patient: _____

Subscriber DOB: ____/____/____ Gender: Male Female SSN: _____

Address: _____
(Street) (Apt. #)

Same as Patient

(City) (State) (Zip)

Primary Phone: (____) _____ Alternate Phone: (____) _____

Employer: _____ Occupation: _____

#2 Name of Secondary Insurance Provider: _____

Subscriber Name: _____ Relationship to Patient: _____

Subscriber DOB: ____/____/____ Gender: Male Female SSN: _____

Address: _____
(Street) (Apt. #)

Same as Patient

(City) (State) (Zip)

Primary Phone: (____) _____ Alternate Phone: (____) _____

Employer: _____ Occupation: _____

HOW DID YOU HEAR ABOUT US?

Magazine Advertisement/Listing

Drive-by / Live nearby

Val Pak Ad/Magazine Ad

Google

Referral: _____

Other: _____

**Thank you for choosing
Tot's N Teens Pediatric Urgent Care!**