

Family Data Sheet – Genesis Pediatrics, LLC

(Please complete if applicable)

Mother's Name _____
DOB _____ **SS #** _____
Mother's Address _____
 _____ **Zip** _____
Phone _____
Mother's Employer _____
Work # _____ **Cell #** _____
Email _____ **Fax #** _____

Stepfather's Name _____
DOB _____ **SS** _____
Stepfather's Address _____
 _____ **Zip** _____
Phone _____
Stepfather's Employer _____
Work # _____ **Cell #** _____
Email _____ **Fax #** _____

(Please complete if applicable)

Father's Name _____
DOB _____ **SS#** _____
Father's Address _____
 _____ **Zip** _____
Phone _____
Father's Employer _____
Work # _____ **Cell #** _____
Email _____ **Fax #** _____

Stepmother's Name _____
DOB _____ **SS#** _____
Stepmother's Address _____
 _____ **Zip** _____
Phone _____
Stepmother's Employer _____
Work # _____ **Cell #** _____
Email _____ **Fax #** _____

The children live with: (circle) Both parents Mother Father Guardian (Provide legal paperwork)

If guardian: Name _____ Relation _____
 Address _____ City/State/Zip _____ Phone _____

If parents are divorced who has legal custody/primary residence of child? (Please provide appropriate legal paperwork)

Name _____ Relationship _____

Please list below anyone who is authorized (other than the responsible party) to (1) schedule appointments, (2) receive and provide disclosure of medical and financial information, and (3) make medical decisions. (This may include step parents, grandparents, babysitters, etc.)

Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #

Parent/Legal Guardian Signature: _____ **Date:** _____

Emergency Contact (other than parent):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

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Insurance Information

Subscriber Name _____ DOB _____ Phone _____

Address _____

Child(s) Name Birthdate Insurance Name Contract #

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Acknowledgement of Receipt of Notice of Privacy Practices

(HIPAA Requirement)

By signing below, I hereby acknowledge that I was provided a copy of the Notice of Privacy Practices for Genesis Pediatrics, LLC with reference to the above named children.

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Parent/Legal Guardian Signature: _____ Date: _____