

**NORTHEAST PEDIATRIC ASSOCIATES, P.C.**

75 BARCLAY CIRCLE, SUITE 115  
ROCHESTER HILLS, MICHIGAN 48307  
PHONE 248-856-6300 FAX 248-856-6303

**Patient Information & Benefits Record Release:**

DATE \_\_\_\_\_

Circle All That APPLY: HISPANIC, LATINO, AFRICAN AMERICAN, WHITE, ASIAN (This question is asked to better diagnose medical issues that are associated with specific ethnic groups. Please circle your child's ethnicity; we are complying with the policies of your insurance company.)

**PATIENT INFORMATION**

Child's legal last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_ F \_\_\_

Sibling Legal Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_ F \_\_\_

Sibling Legal Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_ F \_\_\_

**MOTHER/GUARDIAN #1**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Cell Phone \_\_\_\_\_ Secondary Contact Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**FATHER/GUARDIAN #2**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Cell Phone \_\_\_\_\_ Secondary Contact Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Pharmacy \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Which parent will be receiving appointment reminders? Mother/Guardian #1 or Father/Guardian #2

Financially Responsible Parent/Guardian for Patient? Mother/Guardian #1 or Father/Guardian #2

Parents are: (please circle) Married Living Together Separated Widowed Divorced

If Divorced/separated what is the primary address for the child? #1 Or #2

Permission to Release Medical Information to Parents: \_\_\_\_\_ Patient Cell \_\_\_\_\_

Signature of Young Adult (over 18 years of age) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**  
Please list the information for an emergency contact living outside your home.

Relation to child \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone Number \_\_\_\_\_