



New Patient Information

Name (Last, First, MI): _____ D.O.B: _____ Sex: _____
Address: _____ Phone #: _____
Social Security Number: _____ Student: Yes/No Name of School: _____
Provider: _____ Primary Language: _____
Email: _____
*Ethnicity: _____ * Race: _____

Primary Insurance:

Policy Holder's Name: _____ Policy Holder's DOB: _____ Policy Holder's Sex: _____
Policy Holder's Social Security #: _____
Insurance Carrier: _____ ID #: _____ Group #: _____
Group Name: _____

Secondary Insurance/Medicaid:

Policy Holder's Name: _____ Policy Holder's DOB: _____ Policy Holder's Sex: _____
Policy Holder's Social Security #: _____
Insurance Carrier: _____ ID #: _____ Group #: _____
Group Name: _____

Emergency Contact Information:

Name (Last, First, MI): _____
Street Address: _____ Birthdate: _____
City, State & Zip: _____
Home Phone: _____ Home Email: _____
Work Phone: _____ Occupation: _____
Cell Phone: _____ Employer: _____
Relationship to Pt(s): _____
Lives with Patient? Yes/No

Pharmacy Information:

Pharmacy Name: _____ Pharmacy Phone #: _____
Pharmacy Address: _____

***Preferred Method of Contact:** Email Text Phone **Preferred Number:** Home Cell Work

Please note: Ideally, we prefer to contact parents/patients via email for appointment reminders and general information unless otherwise specified. If you wish to be contacted by other means, please indicate on the form.

Doctors/Providers

Augusta Mayfield, MD; Paul Kniery, MD; Kelly Kries, MD; Casey Miles, MD;
Ashley Parrigin, APRN; Kyla Byard, APRN; Jenna Tarter, APRN; Ariel J. Mujakovic, APRN

(*) Indicates optional information requested under the Affordable Care Act, including **Ethnicity** (Hispanic or Non-Hispanic) and **Race** (Caucasian, Hawaiian, Pacific Islander, African American, American Indian, Alaskan, Asian)

Guarantor is the contact with financial responsibility for medical care