

WEST SAYVILLE PEDIATRICS NPPC

1 Montauk Highway, West Sayville, NY 11796 Phone 631-589-6727 Fax 631-244-2866
Teresa Guthrie, RNP NP Jennifer Kalansky, DO FAAP Nancy Uythoven MD

DATE: _____

Patient Name: _____ D.O.B. _____ Sex: Male Female

Address: _____
Street City Zip

Home Phone: _____ E-Mail Address _____

**Patient's Mothers Maiden Name: _____

Parent/Guardian#1 Name: _____ D.O.B.: _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____
Last First

Address: _____

SS# _____ (If different from patient) Occupation: _____ Work Phone _____
Cell Phone _____

Employer Name/Address _____

Parent/Guradian#2 Name: _____ D.O.B.: _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____
Last First

Address: _____

SS# _____ (If different from patient) Occupation _____ Work Phone _____
Cell Phone _____

Employer Name/Address _____

INSURANCE INFORMATION:

Insurance Company Name _____ ID# _____

Policy Holder _____ Effective Date of Insurance _____

Co-Payment \$ _____
*****IF YOUR INSURANCE REQUIRES YOU TO CHOOSE A
PRIMARY CARE PROVIDER, PLEASE DO SO OR YOU WILL BE
RESPONSIBLE FOR ALL UNPAID CLAIMS WITH THAT DENIAL
IF YOU HAVE A DEDUCTIBLE PLAN PAYMENT IS EXPECTED AT THE TIME OF VISIT.**

Siblings currently active in our practice:

Name _____	D.O.B. _____	Ins. ID# _____
Name _____	D.O.B. _____	Ins. ID# _____
Name _____	D.O.B. _____	Ins. ID# _____
Name _____	D.O.B. _____	Ins. ID# _____

Signature: _____ Print Name: _____ Date: _____

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Family preferred method of contact for the following: (PLEASE check ONLY ONE in Each category)

Appointment Confirmation: Home Phone _____
Cell Phone _____ Mom _____ Dad _____
Work Phone _____ Mom _____ Dad _____

Medical Issues: Home Phone _____
Cell Phone _____ Mom _____ Dad _____
Work Phone _____ Mom _____ Dad _____

Billing Statements: Home Address _____
Other Address _____

Please list names of authorized individuals we may leave messages with (i.e. grandparents, spouse, significant other etc. PLEASE PRINT

Name	Relationship	Phone

Emergency Contact:

Name _____ Relationship _____ Phone _____

Please answer the following questions:

Language spoken: _____ & _____

Ethnicity: Hispanic or Latino _____
Yes _____ No _____

Race: White _____ African American _____ Asian _____ American Indian/Alaskan Native _____
Hawaiian Native or Pacific Islander _____ Other _____

SIGNATURE (Parent/Legal Guardian)

DATE