East Lyme Pediatric Clinic

Welcomes You!

Tell Us About Your Child

Child's Name _____ _____ Today's Date: _____
First Middle Last

Child's Home Address: _____ _____ _____ _____
Street City State Zip code

Home Phone #: _____ Child's Social Security #: _____ Date of Birth: _____

Other Siblings: 1. _____ Age _____ ☐ Male ☐ Female 2. _____ Age _____ ☐ Male ☐ Female
3. _____ Age _____ ☐ Male ☐ Female 4. _____ Age _____ ☐ Male ☐ Female

Language: Race: Ethnicity:

Guardians/Parent's Information

Parent's Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Remarried ☐ Single

☐ Mother ☐ Step-Mother ☐ Guardian Date of Birth: ____/____/____ Home Phone #: _____ Work Phone #: _____

Name _____ Driver's License #: _____ Social Security #: ___-___-____

Address: _____ _____ _____ _____
Street City State Zip code

Employer: _____ Cell Phone #: _____

E-Mail Address: _____

☐ Father ☐ Step-Father ☐ Guardian Date of Birth: ____/____/____ Home Phone #: _____ Work Phone #:

Name _____ Driver's License #: _____ Social Security #: ___-___-____

Address: _____ _____ _____ _____
Street City State Zip code

Employer: _____ Cell Phone #: _____

E-Mail Address: _____

Insurance Information

Primary Insurance: _____ Insurance I.D: _____

Group #: _____ Social Security #: _____ Subscriber Date of Birth: _____

Subscriber Name: _____ Home Phone #: _____

Address: _____ _____ _____ _____
Street City State Zip code

Patient's Relationship to Insured: ☐ Child ☐ Self ☐ Other: _____

Secondary Insurance: _____ Insurance I.D: _____

Group #: _____ Social Security #: ___-___-____ Insurance of Birth:

Insured Name: _____ Home Phone #: 0_____

Address: _____ _____ _____ _____
Street City State Zip code

Patient's Relationship to Insured: ☐ Child ☐ Self ☐ Other: _____

The above information is true to the best of my knowledge. I authorize my insurance benefits to be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize East Lyme Pediatrics to release any information required to process my claims.

LEGAL GUARDIAN'S SIGNATURE: _____

PLEASE PRINT NAME: _____