

# Children's Health Partners, SC

## Today's date: \_\_\_/\_\_\_/\_\_\_ Patient Information Form

Patient's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Birthdate: \_\_\_\_\_

Gender at Birth:  Male

Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Name of school: \_\_\_\_\_  
(if attends)

### Siblings:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian Information:

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Birth date: \_\_\_\_\_

Birth date: \_\_\_\_\_

Complete Address (If different than patient): \_\_\_\_\_

Complete Address (If different than patient): \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Profession/Job Title: \_\_\_\_\_

Profession/Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Please provide your preferred contact information for the purpose of NON-CLINICAL communications (i.e. CHP news updates, electronic appointment reminders, etc.) Providing your email/cellphone and signing below implies your consent to provide you with non-clinical information via email and/or text.

Primary Email: \_\_\_\_\_ Cellphone No. for Text Messages: \_\_\_\_\_

\*If other adults will be seeking medical care for your child/children, please complete Permission to Seek Treatment Form

### Insurance Information:

Insurance Company: \_\_\_\_\_

Policy Holder / Guarantor: \_\_\_\_\_ Social Security # (last 4 digits): \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### How did you hear about Children's Health Partners?

- Physician/Friend \_\_\_\_\_
- Edward Hospital Physician Referral Service
- Cradle Talk
- Other \_\_\_\_\_

### IN CASE OF EMERGENCY:

Person/s other than listed above: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone #2: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

X- Parent/ Legal Custodian Signature