

**1. PATIENT INFORMATION:**

( . )		
Last Name	First Name	Middle Initial
- -	- -	
Date of Birth	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F

**2. PATIENT ADDRESS:**

Address	Apt.	
City	State	Zip
Out of Town Address (if any)		

**3. PATIENT CONTACT INFORMATION: (List All)**

( ) -	( ) -	( ) -
CELL	HOME	WORK
@		( ) -
CONFIDENTIAL eMAIL		ER Contact Phone (Name & Relation)

*Email Correspondence Authorization: In compliance with the HIPAA privacy rule, I'm authorizing in advance use of my confidential email to receive Medpeds email notifications regarding future appointments as well as disease-specific health-related products/services. [See our privacy policy.](#)*

**4. HOW DID YOU LEARN OF OUR PRACTICE? (Check One)**

Doctor \_\_\_\_\_   
  Another Patient \_\_\_\_\_   
  Internet-  
 www. \_\_\_\_\_  
 Yellow Pages   
  Sarasota Herald Tribune   
  Other \_\_\_\_\_

**5. RESPONSIBLE PARTY/GUARANTOR information: (Check One)**

Patient     Not Patient – *List all Responsible Party/Guarantor Information Below:*

( . )			
Responsible Party/Guarantor Last Name	First Name	Middle Initial	
- -	- -		
Date of Birth	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Address	City	State	Zip
( ) -	( ) -	( ) -	
CELL	HOME	WORK	
Employer Name	City	State	Zip

