ADVANCED ALLERGY & ASTHMA CARE, PLLC

CHILD REGISTRATION

Name of the Child:	Date of Birth:
Sex:	SSN:
Father/Guardian:	Mother/Guardian:
Child resides with:	Information can be released to Mom/Dad:
Father's Information	**Mother's Information**
Address:_____ _____	Address:_____ _____
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Date of Birth:	Date of Birth:
SSN:	SSN:
Driver's License No:	Driver's License No:
Email address (to notify you of any changes in office or shot hours)	
Emergency Contact and Phone Number:	

Authorization of Release of Information:
We are sometimes asked to release medical information to insurance companies to substantiate claims submitted to them for services covered by your policy. Your signature here is a "Lifetime Signature Authorization" for the release of information and the authorization of payment of medical benefits to this office for any claims submitted.

Authorization of Insurance Benefits:
I hereby authorize direct payment of Medical Benefits to Advanced Allergy & Asthma Care, PA for the services rendered by her or under her supervision. I understand that I am financially responsible for co-payment. deductibles and any amount not covered by the insurance

Consent for Persons Other Then the Parent or Legal Guardian to Bring to Medical Appoitments
I give Permission for this patient to be brought to doctor's appointments and for the Dr or Medical Staff to discuss medical treatment to be performed on my child, including but not limited to changes in treatment at Advanced Allergy and Asthma Care, PA by the following individuals:

Name Relationship

_____

_____

Consent to Treatment and care of Minors
I, _____,{Parent or Legal guardian} herby give consent for the treatment and care to _____,(Patient's Name) at Advanced Allergy & Asthma Care, PLLC.

_____ _____ _____
Parent or Guardian's signature Date Parent or Guardian's Full Name Printed

Race: White, African American, Asian American, Indian, Alaska Native, Native Hawaiian, or Pacific Islander

Ethnicity: Are you Hispanic / Latino Yes No

Preferred Language : English or Other _____

_____ I Decline to Answer