

# Houston Pediatric Heart Specialists

Doctor: \_\_\_\_\_

## Patient Information

Patient's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Ethnicity:  Asian  American Indian  Black  White  Hispanic or Latino

Email address: \_\_\_\_\_

## Contact Information

**Mother's** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Numbers: Daytime (cell): \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

**Father's** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Numbers: Daytime (cell): \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

**Legal Guardian Name:** \_\_\_\_\_

Phone Numbers: Daytime (cell): \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

## Insurance Information

**PRIMARY INSURANCE:** \_\_\_\_\_ Effective Date \_\_\_\_\_

Subscriber ID #: \_\_\_\_\_ Group ID # \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Patient Relationship to Insured \_\_\_\_\_

**SECONDARY INSURANCE:** \_\_\_\_\_ Effective Date \_\_\_\_\_

Subscriber ID #: \_\_\_\_\_ Group ID # \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Patient Relationship to Insured \_\_\_\_\_

**Referring Provider:** \_\_\_\_\_ Phone number: \_\_\_\_\_

**Primary Care Physician/Pediatrician:** \_\_\_\_\_ Phone number: \_\_\_\_\_

**Pharmacy Name:** \_\_\_\_\_ Phone number: \_\_\_\_\_

I agree that the information supplied on this form is accurate and up-to-date to the best of my knowledge.

**SIGNATURE OF PATIENT'S RESPONSIBLE PARTY / LEGAL GUARDIAN:**

\_\_\_\_\_  
Today's Date \_\_\_\_\_