



6402 McCrimmon Parkway
Suite 300 Morrisville, NC 27560
(919)-678-3005

New Patient Demographic Form

Patient Name: _____ **Date of Birth:** _____

Gender: _____

Address: _____ **City:** _____ **State/Zip:** _____

Please provide at least 2 contact phone numbers and indicate which is the best number by checking the corresponding number provided. _____, _____

(It is very important that we have multiple numbers in order for our medical staff to contact you quickly and generally return phone calls.)

Parent #1:

Name: _____ **Phone number:** _____

Email: _____ **Address (If different from child):** _____

Parent #2:

Parent 1

Name: _____ **Phone number:** _____

Email: _____ **Address (If different from child):** _____

Siblings Who are also at CareNow Pediatrics:

Name: _____ **D.O.B:** _____ **Gender:** _____

Name: _____ **D.O.B:** _____ **Gender:** _____

Name: _____ **D.O.B:** _____ **Gender:** _____

Name: _____ **D.O.B:** _____ **Gender:** _____

Insurance Information (Primary Coverage): _____

Policy#: _____ **Group#:** _____

Guarantor Name: _____ **D.O.B:** _____

I give permission for CareNow Pediatrics, or persons designated to them, to interview, examine and perform necessary laboratory procedures and to provide appropriate treatment to the above named minor. I further give my permission for evaluation and treatment whether the child is accompanied by a parent, guardian, or other family member, unrelated, third party, or unaccompanied.

Signature: _____ **Date:** _____