

Huntington Plaza Pediatric Group
800 S. Fairmount Ave. Suite 110
Pasadena, CA 91105
(626) 795 7051
HuntingtonPlazaPediatrics.com

Date: _____

Patient's Name: _____ DOB: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ DOB: _____ SS# _____

Occupation: _____ Work # _____ Cell # _____

Email Address: _____

Parent/Guardian: _____ DOB: _____ SS# _____

Occupation: _____ Work # _____ Cell # _____

Email Address: _____

Siblings

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Emergency Contact: _____ Relation: _____ Phone # _____

(If parent/guardian cannot be contacted)

Insurance Company: _____

Primary Subscriber: _____ DOB: _____

Subscriber # _____ Group # _____

It is the patient's responsibility to notify us of any insurance changes. Patients will be financially liable for any incurred charges not covered by their insurance.