



Primary Care Associates, PC

204 Shaver Drive, Talbott, Tennessee 37877

423.581.7040 and (fax) 423.581.9563

www.pcatn.com

Pediatric Registration Form

Name _____ Preferred Name _____
First Middle Last

Birthdate _____ Gender Male Female Social Security Number _____

Address _____ Apt/Suite # _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email Address(es) _____

Patient School _____ School Phone Number _____

Parent/Guardian Name _____ Date of Birth _____
First Middle Last

Social Security Number _____ Relationship to Patient _____

Address if different _____

Employer _____ Employer Phone Number _____

Parent/Guardian Name _____ Date of Birth _____
First Middle Last

Social Security Number _____ Relationship to Patient _____

Address if different _____

Employer _____ Employer Phone Number _____

Emergency Contact _____ Relationship _____ Phone _____
(Please list someone other than parent or legal guardian of child for the emergency contact.)

List anyone you give **permission to seek or discuss medical treatment** of patient with in parental absence:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Primary Insurance

Insurance Co _____

Name of Subscriber _____

Patient Relationship of Insured Self Spouse

Secondary Insurance

Insurance Co _____

Name of Subscriber _____

Patient Relationship of Insured Self Spouse

Responsible Party Signature _____ Relationship _____ Date _____