Welcome To

Kennesaw Pediatrics

Your Home for Pediatric Healthcare!

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Kennesaw, GA 30144
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info@kennesawpediatrics.com - Email

PATIENT REGISTRATION FORM

Patient: Last Name _____ First Name _____ M.I. ____ DOB _____

Gender ☐ M ☐ F Race _____ Ethnicity _____

Appointment Reminders:

Email Address _____

Phone Number _____

- ☐ Sign-up for EMAIL reminders
- ☐ Sign-up for TEXT reminders
- ☐ Sign-up for VOICE CALL reminders

Emergency Contact (other than parents):

Last Name _____ First Name _____

Phone _____ Relationship to the Patient _____

Responsible Party (financially responsible):

☐ Mother ☐ Father ☐ Other _____

Patient(s) lives with: ☐ Mother ☐ Father ☐ Both ☐ Other _____

Parent/Legal Guardian Information:

☐ Mother ☐ Father ☐ Foster ☐ Other _____

Last Name _____ First Name _____ M.I. ____ DOB _____

Social Security Number _____ Primary Phone _____ Secondary Phone _____

Street Address _____ City _____ State _____ Zip Code _____

Employer _____ Employer's Phone Number _____

Other Parent/Legal Guardian Information:

☐ Mother ☐ Father ☐ Foster ☐ Other _____

Last Name _____ First Name _____ M.I. ____ DOB _____

Social Security Number _____ Primary Phone _____ Secondary Phone _____

Street Address _____ City _____ State _____ Zip Code _____

Employer _____ Employer's Phone Number _____

Insurance Information:

Insurance Company Name _____ Policy Holder Name _____

Subscriber/Policy Number _____ Policy Group Number _____

Policy Holder Information (only if the policy holder is not parent/legal guardian):

Last Name _____ First Name _____ M.I. ____ DOB _____

Social Security Number _____ Home Phone _____ Cell Phone _____

Street Address _____ City _____ State _____ Zip Code _____

Employee _____ Employer Phone Number _____