OneHealth
A member of Owensboro Health

Patient Registration

Pediatrics
Breckenridge Center
1000 Breckinridge Street, Suite 300
Owensboro, KY 42303
Phone (270) 688-4480
Fax (270) 688-4489

Doctor:_____

❒ New Patient ❒ Established Patient Update

Patient Information:

Name (First, Middle, Last):_____ Male ❒ Female ❒

Social Security #:_____ Date of Birth:_____

Language_____

Ethnicity_____ Race_____

Home Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Email Address:_____

Signature:_____ Date:_____
**Signature here allows us to leave messages the numbers listed via voicemail, person, etc.*

List of Siblings

Name:_____ Male ❒ Female ❒ Date of Birth_____

Name:_____ Male ❒ Female ❒ Date of Birth_____

Name:_____ Male ❒ Female ❒ Date of Birth_____

Name:_____ Male ❒ Female ❒ Date of Birth_____

Parent/Guardian Information-1	Parents/Guardian Information-2
Name:_____	Name:_____
Date of Birth:_____	Date of Birth:_____
SS#:_____	SS#:_____
Address:_____	Address:_____
City, State, Zip:_____	City, State, Zip:_____
Employer:_____	Employer:_____
Home Phone:_____	Home Phone:_____
Work Phone:_____	Work Phone:_____
Cell Phone:_____	Cell Phone:_____
Email:_____	Email:_____
Relationship to Patient:_____	Relationship to Patient:_____
Marital Status: ❒ Married ❒ Single ❒ Widowed ❒ Divorced	Marital Status: ❒ Married ❒ Single ❒ Widowed ❒ Divorced

(Over)

Guarantor/Responsible Party:

_____

In cases of separated or divorced parents, who is the custodial parent?

Primary Insurance Information

***Please provide your insurance card to the Receptionist**

Insurance Company:_____

Subscribers Name:_____ Date of Birth:_____ SS#:_____

Policy #:_____ Group #:_____

Secondary Insurance Information

***Please provide your insurance card to the Receptionist**

Insurance Company:_____

Subscribers Name:_____ Date of Birth:_____ SS#:_____

Policy #:_____ Group #:_____

Emergency Contact Other Than Parent

Name of Contact:_____

Phone #:_____

Relationship to Patient: ❒ Step Parent ❒ Grandparent ❒ Aunt/Uncle ❒ Other

Emergency Contact Other Than Parent

Name of Contact:_____

Phone #:_____ Relationship to Patient: ❒ Step Parent ❒ Grandparent ❒ Aunt/Uncle ❒ Other

Name of Contact:_____

Phone #:_____ Relationship to Patient: ❒ Step Parent ❒ Grandparent ❒ Aunt/Uncle ❒ Other

Name of Contact:_____

Phone #:_____ Relationship to Patient: ❒ Step Parent ❒ Grandparent ❒ Aunt/Uncle ❒ Other