Chapel Hill Children & Adolescents' Clinic
301 Kildaire Rd, Suite 200
Chapel Hill, NC 27516
(919) 967-0771 Fax (919) 967-9207

NEW PATIENT
INTAKE FORM

PLEASE COMPLETE ONE FORM FOR EACH CHILD PRIOR TO HIS/HER INITIAL VISIT

DATE: _____ FOR OFFICE USE:

FULL LEGAL NAME: _____ PATIENT NUMBER

PREFERRED NAME: _____

DATE OF BIRTH: _____ GENDER: _____

RACE: _____ □ Decline PREFERRED LANGUAGE: _____

ETHNICITY: □ Hispanic/Latino □ Filipino □ Not Hispanic/Latino □ Decline

HOME PHONE: (_____) _____ EMAIL ADDRESS: _____

STREET ADDRESS: _____ APT NO. _____

CITY: _____ STATE: _____ ZIP: _____

HOW DID YOU HEAR ABOUT US? _____

PREVIOUS PEDIATRICIAN: _____ CITY: _____ STATE: _____

PARENTS/GUARDIANS:

NAME:	HOME PHONE:	CELL PHONE:	WORK PHONE:	SSN:
	( )	( )	( )	
	( )	( )	( )	
	( )	( )	( )	
	( )	( )	( )	

INSURANCE INFORMATION: **(PLEASE COMPLETE FULLY EVEN IF COPY OF CARD TAKEN)**

NAME OF CARRIER: _____

CLAIMS ADDRESS: _____

_____

POLICY/SUBSCRIBER NUMBER: _____

GROUP NAME/NUMBER: _____

POLICYHOLDERS NAME: _____ SSN: _____

EMPLOYER'S NAME: _____

PAYMENT POLICY: (PLEASE READ AND SIGN THE STATEMENT BELOW)
PAYMENT FOR CLINIC SERVICES IS EXPECTED AT THE TIME THEY ARE RENDERED. CASH, CHECK AND CREDIT CARDS (MC, VISA AND DISCOVER) ARE ACCEPTED. INDIVIDUAL POLICYHOLDERS SHOULD SEEK COMPENSATION FOR SERVICES THROUGH THEIR INSURANCE COMPANIES. THE CLINIC WILL ASSIST IN PROVIDING USEFUL INFORMATION IN THIS REGARD BUT CANNOT SERVE AS THE PATIENT'S AGENT.
THERE ARE, OF COURSE, EXCEPTIONS TO THE ABOVE POLICY. ARRANGEMENTS FOR ALTERNATIVE PAYMENT PLANS MUST BE MADE IN ADVANCE OF SERVICES RENDERED. PLEASE DISCUSS THESE WITH THE CLINIC REPRESENTATIVE.

SIGNATURE: _____

PLEASE COMPLETE OTHER SIDE

FINANCIALLY RESPONSIBLE PARTIES:

NAME:	RELATIONSHIP TO PATIENT:	SSN:	DAYTIME PHONE NUMBER:

EMERGENCY CONTACT INFORMATION: (NAME, ADDRESS AND PHONE NUMBER OF NEAREST RELATIVE OR FRIEND OTHER THAN PARENT)

NAME: _____

ADDRESS: _____

PHONE: (_____) _____ RELATIONSHIP: _____

SIGNATURE OF PERSON COMPLETING FORM:_____

ELECTRONIC COMMUNICATION:

PLEASE LET US KNOW IF YOU WISH TO **OPT OUT** OF RECEIVING ELECTRONIC COMMUNICATION FROM US. WE WILL NEVER SHARE YOUR EMAIL ADDRESS WITH ANYONE, FOR ANY REASON.