



Blue Sky Pediatrics
Asheville

PRIMARY CAREGIVER (CIRCLE)

Kowa Williams Layne

NEW PATIENTS

PATIENT INFORMATION FORM

PLEASE FILL IN ALL LINES

Do you want patient portal access? (Circle) Yes or No

PLEASE CIRCLE ONE ANSWER WHEN GIVEN CHOICES UNDER SEX, ETHNICITY AND RACE (Required under new medical guidelines)

CHILD'S NAME Last First Middle Telephone Number

CHILD'S DATE OF BIRTH CHILD'S SOCIAL SECURITY #

CHILD'S ADDRESS Street Address City State ZIP

PREFERRED LANGUAGE ETHNICITY: (Hispanic, Non-Hispanic, Refuse to report)

RACE: (American Indian or Alaska Native, Asian, Black or African American, If more than one race, circle both races, Native Hawaiian, Other Pacific Islander, Refuse to report, White) SEX: (MALE or FEMALE)

FATHER'S NAME MARRIED/SEPARATED/DIVORCED/SINGLE/DECEASED

FATHER'S DATE OF BIRTH FATHER'S SOCIAL SECURITY # (Circle One)

FATHER'S ADDRESS Mailing Address City State ZIP

FATHER'S EMPLOYER AND ADDRESS

FATHER'S HOME PHONE FATHER'S WORK PHONE

FATHER'S CELL PHONE EMAIL ADDRESS

MOTHER'S NAME MARRIED/SEPARATED/DIVORCED/SINGLE/DECEASED

MOTHER'S DATE OF BIRTH MOTHER'S SOCIAL SECURITY # (CIRCLE ONE)

MOTHER'S ADDRESS Mailing Address City State ZIP

MOTHER'S EMPLOYER AND ADDRESS

MOTHER'S HOME PHONE MOTHER'S WORK PHONE

MOTHER'S CELL PHONE EMAIL ADDRESS

MOTHER'S MAIDEN NAME (FOR IMMUNIZATION RECORD)

NEAREST RELATIVE NOT LIVING WITH YOU:

NAME RELATIONSHIP PHONE # CELL #



INSURANCE INFORMATION:

POLICY HOLDER'S NAME RELATIONSHIP TO PATIENT

Last First Middle

POLICY HOLDER'S ADDRESS Street Address City State ZIP

POLICY HOLDER'S DATE OF BIRTH SOCIAL SECURITY #

INSURANCE COMPANY'S NAME

(PLEASE PROVIDE COPY OF THE CARD TO THE RECEPTIONIST AT EVERY VISIT)

I hereby authorize payment for medical benefits to the physicians of Blue Sky Pediatrics Asheville PA and also authorize said physicians to release to insurance carriers all requested information to process claims when the above child is seen.

SIGNED PRINTED NAME

RELATIONSHIP TO CHILD DATE



Please tell us how you learned about our office:

Friend/Neighbor Phone Book Medical Office Referral Website Other

If referred to us, by whom? If "Other", how did you learn about us?