

841 Franklin Ave, Suite 4. Franklin Lakes, NJ 07417

Demographics

Last Name _____ First Name _____
D.O.B. _____ Social Security # _____

Mailing Address _____
City _____ State _____ Zip Code _____
Email Address _____
Cell # _____ Home # _____ Work # _____
Employer _____

PRIMARY INSURANCE INFO (This is the Insurance Policy Holder's information)

Name of Policy Holder _____ D.O.B. _____
Mailing Address of Policy Holder (if different from above) _____
City _____ State _____ Zip Code _____
Cell # _____ Home # _____
Relationship to Patient(s) _____
Insurance Co. Name _____
Policy # _____ Group # _____

Do you have a Secondary Insurance

Name of Policy Holder _____ D.O.B. _____
Mailing Address of Policy Holder (if different from above) _____
City _____ State _____ Zip Code _____
Cell # _____ Home # _____
Relationship to Patient(s) _____
Insurance Co. Name _____
Policy # _____ Group# _____

ALTERNATE/EMERGENCY PATIENT CONTACT INFO (OTHER PARENT)

Name _____ Emergency Phone _____
Relationship _____

Preferred Contact Method ☐ Primary Phone ☐ Cell Phone ☐ Email ☐ Address

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race ☐ American Indian/Alaskan Native ☐ Asian
☐ Black/ African American ☐ White ☐ Other _____

Preferred language ☐ English ☐ Spanish ☐ American Sign Language
☐ Other

Smoking Status ☐ Never a smoker ☐ Former Smoker
☐ Current smoker sometimes ☐ Everyday smoker

Allergies to Medications _____ ☐ No known Medication Allergy