



Cove Pediatrics has a strict policy on attendance. We require at least a 24 hour notice if you cannot attend your scheduled appointment. Failure to give us this notice will result in a, "No-Show". Three No-Show appointments will result in the family being discharged from the practice.

I understand the attendance policy of Cove Pediatrics. I understand that if I do not call at least 24 hours before future scheduled appointments, my child will be discharged from the practice.

Patient's Name: _____ Date of Birth: _____

Responsible Party Signature: _____

Date signed: _____



NEW PATIENT REGISTRATION (Please Print)

Email: _____

TODAY'S DATE _____

PATIENT INFORMATION

CHILD'S LAST NAME	FIRST NAME	MI	DATE OF BIRTH	PCP
ADDRESS			NAME YOU GO BY	
CITY	STATE	ZIP	HOME PHONE	GENDER (Circle) M F
SOCIAL SECURITY NUMBER	AGE	WHO REFERRED YOU TO US?		
EMERGENCY CONTACT (NOT LIVING WITH YOU)	RELATIONSHIP TO CHILD	EMER. CONTACT PHONE:		

RESPONSIBLE PARTY INFORMATION

LAST NAME	FIRST NAME	MI	RELATIONSHIP TO CHILD
ADDRESS			HOME PHONE
CITY	STATE	ZIP	DOB
SOCIAL SECURITY NUMBER	MARITAL STATUS (Circle) S M D W	OCCUPATION	
RESPONSIBLE PARTY EMPLOYER		RESPONSIBLE PARTY WORK PHONE #/EXT.	

SECOND PARENT/SPOUSE INFORMATION

SECOND PARENT NAME/RELATIONSHIP	PARENT 2 DATE OF BIRTH	PARENT 2 SOCIAL SECURITY NUMBER
PARENT 2 HOME ADDRESS	HOME PHONE	WORK PHONE #/EXT.
CITY	STATE	ZIP
		OCCUPATION

PRIMARY INSURANCE INFORMATION

PRIMARY INSURANCE COMPANY	CO-PAY	PHONE
ADDRESS	CITY	STATE
ID (POLICY #)	GROUP #	
SUBSCRIBER	RELATIONSHIP TO SUBSCRIBER	SUBSCRIBER'S DATE OF BIRTH
SUBSCRIBER'S EMPLOYER	SUBSCRIBER'S SOCIAL SECURITY NUMBER	

SECONDARY INSURANCE INFORMATION

SECONDARY INSURANCE COMPANY	CO-PAY	PHONE
ADDRESS	CITY	STATE
ID (POLICY #)	GROUP #	
SUBSCRIBER	RELATIONSHIP TO SUBSCRIBER	SUBSCRIBER'S DATE OF BIRTH
SUBSCRIBER'S EMPLOYER	SUBSCRIBER'S SOCIAL SECURITY NUMBER	