



Tiger Pediatrics

4741 Hwy 153 Suite A, Easley, SC 29642 Phone: 864.661.5278 Fax: 864-408-8369

Registration Form

Child 1: Last Name: _____ First Name: _____ MI: _____
 DOB: ___/___/___ Sex: M / F Preferred Language: _____
 Race: African American Asian White Other Decline
 Ethnicity: Hispanic/Latino Non-Hispanic/Latino Unknown Decline

Child 2: Last Name: _____ First Name: _____ MI: _____
 DOB: ___/___/___ Sex: M / F Preferred Language: _____
 Race: African American Asian White Other Decline
 Ethnicity: Hispanic/Latino Non-Hispanic/Latino Unknown Decline

Child 3: Last Name: _____ First Name: _____ MI: _____
 DOB: ___/___/___ Sex: M / F Preferred Language: _____
 Race: African American Asian White Other Decline
 Ethnicity: Hispanic/Latino Non-Hispanic/Latino Unknown Decline

Parent/Legal Guardian 1:

Child(ren)'s parents are: Married Divorced Never Married Separated Widow(er) Other
 Name: _____ Relationship to Patient: _____
 DOB: ___/___/___ Home phone: _____ Cell phone: _____
 Address: _____
 Email: _____
 Employer: _____ Occupation: _____
 Lives with patient? Yes No

Parent/Legal Guardian 2:

Child(ren)'s parents are: Married Divorced Never Married Separated Widow(er) Other
 Name: _____ Relationship to Patient: _____
 DOB: ___/___/___ Home phone: _____ Cell phone: _____
 Address: _____
 Email: _____
 Employer: _____ Occupation: _____
 Lives with patient? Yes No



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Emergency Contacts, other than parents. Name/Relationship:

Name: _____ Phone: _____

Name: _____ Phone: _____

Insurance Information

Primary Insurance Carrier: _____

Policy Holder Name: _____

Group No: _____ Member No: _____

Secondary Insurance Carrier: _____

Policy Holder Name: _____

Group No: _____ Member No: _____

Additional Questions:

Who should receive billing statements? _____

If parents are divorced, separated or unmarried, please fill out this section:

Who has custody? _____

Are there any legal restrictions that would restrict the non-custodial parent from consenting to medical treatment for the child or from obtaining information about the child's medical treatment? Yes No

If yes, please explain and provide a copy of any legal paperwork that supports this restriction.

Is your child vaccinated or do you plan to get the required school vaccines? Yes No

How did you hear about our office (friend, Google, Facebook, etc)? _____