

# NIGHTLIGHT PEDIATRIC URGENT CARE PATIENT REGISTRATION

Today's Date \_\_\_\_\_ Preferred language \_\_\_\_\_

Patient's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender : M ( ) F ( )  
 Patient's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: M ( ) F ( )  
 Patient's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: M ( ) F ( )  
 Address \_\_\_\_\_ Apt# \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Race:** (circle one) American Indian/Alaska Native    Asian    Black/African American    White    Native Hawaiian/Other Pacific Islander  
**Ethnicity:** (circle one)    Hispanic or Latino    Not Hispanic or Latino

Chief Complaint/Reason for Visit? \_\_\_\_\_  
 Pediatrician's Name: \_\_\_\_\_ Pediatrician's Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ ext \_\_\_\_\_ Cell \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Father's Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ ext \_\_\_\_\_ Cell \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Mother's or Father's Address (if different from above) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Primary Insurance:**  
 Policy Holder's Name \_\_\_\_\_ Policy Holder's DOB \_\_\_\_\_  
 Name of your current insurance \_\_\_\_\_  
**Secondary Insurance:**  
 Policy Holder's Name \_\_\_\_\_ Policy Holder's DOB \_\_\_\_\_  
 Name of your current insurance \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_  
 Address or Cross Street: \_\_\_\_\_ Phone \_\_\_\_\_

**(Please Circle) Home/Newsletter** (I want pediatric insight to keep my kid's healthy) **or Confidential** (I want to receive documents about my child)  
**Email Address** \_\_\_\_\_  
 How did you learn about our practice (check all that apply)

<input type="checkbox"/> School Nurse	<input type="checkbox"/> Search Engine	<input type="checkbox"/> Drive By
<input type="checkbox"/> Urgent Care	<input type="checkbox"/> Social Media (Facebook, Twitter, etc)	<input type="checkbox"/> Magazine
<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Houston Galleria Ad/ Event	<input type="checkbox"/> Physician
<input type="checkbox"/> Insurance	<input type="checkbox"/> Movie Theater Ad	<input type="checkbox"/> Waze Ads
<input type="checkbox"/> Mobile Billboards	<input type="checkbox"/> Event (please specify) _____	<input type="checkbox"/> Kids Directory
		<input type="checkbox"/> Daycare