# ALTA LOMA PEDIATRICS

**9710 19th St. Rancho Cucamonga, CA 91737. Phone: (909) 581-0008 Fax: (909) 581-0030**

**PATIENT'S REGISTRATION FORM**

New Patient: yes / no Change of Address/ Insurance: yes / no **Date** _____/____/_____

**PATIENT'S INFORMATION:**

**Name**: Last _____ First _____ M.I. _____ **D.O.B**_____/_____/_____

Gender: M____ F____ SSN: _____-_____-_____ Race _____ Ethnicity _____Religion_____

Patient's Address_____ City_____ State _____Zip _____

Cell phone: (_____) _____ Home phone: (_____) _____ Preferred Phone: Cell / Home

E-mail:_____ Preferred Language: _____

Hearing Impairment: Yes __ No __ Submit Vaccines Records to CA vaccines registry (CAIR)? Yes__ No__

**PARENTS/ GUARANTOR INFORMATION:**

**Mother's Name** Last _____ First _____D.O.B _____ SSN _____-_____-_____

Home Address (same as patient___) _____ City_____ State _____Zip _____

Cellphone (_____) _____ Home phone (_____) _____ Work phone (_____) _____

Occupation _____ Work Address _____ City_____ State _____Zip _____

**Father's Name** Last _____ First _____D.O.B _____ SSN _____-_____-_____

Home Address (same as patient___) _____ City_____ State _____Zip _____

Cellphone (_____) _____ Home phone (_____) _____ Work phone (_____) _____

Occupation _____ Work Address _____ City _____ Zip _____

**PRIMARY INSURANCE INFORMATION:** **Primary Subscriber**: Mother _____ Father _____ Other _____

**Name: Last** _____ **First** _____ D.O.B _____ SSN _____-_____-_____

**Health Plan** _____ **Insurance ID#** _____ Group# _____

**Address (same as patient___)** _____City_____ State _____Zip _____

**SECONDARY INSURANCE INFORMATION:**

**Name: Last** _____ **First** _____ D.O.B _____ SSN _____-_____-_____

**Health Plan** _____ **Insurance ID#** _____ Group# _____

**Address (same as patient___)** _____City_____ State _____Zip _____

**EMERGENCY CONTACT INFORMATION:** (Other than Parents/ Legal Guardian)

Name _____ Relationship to patient _____

Address _____ City_____ State _____Zip _____

Cellphone (_____) _____ Home phone (_____) _____ Work phone (_____) _____

Completed by: _____ Mother / Father/ Foster parent / legal guardian / other _____