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253-639-7146 Fax: (253) 639-7145 Email: help@mindsourcecenter.com

Patient Information - CHILD

PATIENT NAME: _____ TODAY'S DATE: ____/____/____
FIRST MI LAST

PREFERS TO BE CALLED: _____ GENDER: F M DATE OF BIRTH: ____/____/____

SCHOOL _____ GRADE _____ RESIDES WITH _____

PARENT(S)/GUARDIAN NAME(S): _____

PARENTS' MARITAL STATUS: MARRIED SINGLE DIVORCED PARTNERSHIP WIDOWED SEPARATED

ADDRESS: _____ CITY, STATE, ZIP: _____

HOME #: (____) _____ WORK PHONE: _____
PLEASE CIRCLE ► OK TO LEAVE MESSAGE AT THIS # YES/NO ► OK TO LEAVE MESSAGE AT THIS # YES/NO

CELL #: (____) _____ OTHER #: (____) _____
► OK TO LEAVE MESSAGE AT THIS # YES/NO (OTHER PARENT OR CAREGIVER AND NAME)

BEST WAY TO CONTACT: PHONE E-MAIL MAIL E-MAIL: _____

REFERRED BY: _____ PRIMARY CARE PHYSICIAN: _____

EMERGENCY CONTACT: _____ PHONE: (____) _____
NAME RELATIONSHIP TO PATIENT

INSURANCE INFORMATION

PRIMARY INSURANCE

INSURANCE NAME: _____ NAME OF SUBSCRIBER: _____

ID/SUBSCRIBER#: _____ SSN: _____ DOB: ____/____/____

GROUP #: _____ EMPLOYER: _____

TELEPHONE # FOR BENEFITS: (____) _____ Please note that secondary insurance is not accepted.

CONSENT TO TREATMENT/RELEASE INFORMATION: I hereby authorize MindSource Center, LLC to administer medical treatment and perform medical procedures as deemed necessary. I authorize the release of medical information to my insurer, or the insurer's agents, to process my payments for service. To the best of my knowledge, all information above is true and correct. I attest that I have full legal authority to consent to and make decisions regarding medical care for this patient, and that proper notification of this consent has been provided to any parties requiring notification of these arrangements. I am aware that patients of MindSource Center have certain rights and responsibilities, and I have received this information in the Office Policy Agreement.

SIGNATURE OF PATIENT/PATIENT'S REPRESENTATIVE: _____

RELATIONSHIP TO PATIENT _____ DATE: _____



To request this information in an alternative format, please contact Mindsource Center 253-639-7146. We will work with individuals requesting alternate formats, to ensure it is effective. Relay users please dial 711.

Office Use Only

CODE(S):