



Tanasbourne Pediatrics, LLC

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Patient Information Form

Parent/Guardian Information:

Name: _____
Last
Name: _____
First MI
DOB: ____/____/____ M F
Marital Status: Married Single Divorced Widowed
Address: _____
City/State/Zip: _____
Email: _____
Home Phone: _____
Cell Phone: _____
Relationship to Patient: _____

Other Parent/Guardian Information:

Name: _____
Last
Name: _____
First MI
DOB: ____/____/____ M F
Marital Status: Married Single Divorced Widowed
Address: _____
City/State/Zip: _____
Email: _____
Home Phone: _____
Cell Phone: _____
Relationship to Patient: _____

Patient Information:

New Patient? Y N
Name: _____
Last
Name: _____
First MI
DOB: ____/____/____ M F
Preferred Language: _____
Ethnicity: _____

Other Children in the Family:

Patient Here? Y N
Name: _____
Last
Name: _____
First MI
DOB: ____/____/____ M F

Patient Here? Y N
Name: _____
Last
Name: _____
First MI
DOB: ____/____/____ M F

Patient Here? Y N
Name: _____
Last
Name: _____
First MI
DOB: ____/____/____ M F

Emergency Contact (other than spouse):

Name: _____
Last
Name: _____
First MI
Relationship to Patient: _____
Home Phone: _____
Cell Phone: _____

Billing Information:

Private Pay (no insurance)
 Insurance (primary)
Insurance Co: _____
Employer: _____
Policyholder: _____
DOB: ____/____/____ Eff. Date ____/____/____
ID/Policy #: _____
Group #: _____ Copay: \$ _____

OHP (circle one): Tuality | CareOregon | OMAP
 Insurance (secondary)
Insurance Co: _____
Employer: _____
Policyholder: _____
DOB: ____/____/____ Eff. Date ____/____/____
ID/Policy #: _____
Group #: _____ Copay: \$ _____