



WELCOME TO
 LAUREL PEDIATRIC AND
 TEENS MEDICAL CENTER
 2014 S. Tollgate Rd., Ste. 200
 Bel Air, MD 21015

REGISTRATION FORM

Welcome to Laurel Pediatric and Teen Medical Center. We are delighted that you have entrusted us with the care of your child/children. The following forms will enable us to gather the vital information that we need to complete the registration process. Please take time to read and fill them out completely, as they explain our office policies and procedures to you. If you have any questions or need assistance, please ask one of our office staff. Again, thank you for choosing Laurel Pediatric and Teen Medical Center.

Whom can we thank for referring you to our practice? _____

CHILD/CHILDREN'S INFORMATION

Please use the following information to complete your child's/children's registration below.

White= W	Black=B	Asain= A	Indian/Alaskan=IA	Pacific Isle=PI	Other/Multi=OM
Hispanic+White=HW	Hispanic+Black=HB	Hispanic+Asain=HA	Hispanic+Indian/Alaskan =HIA	Hispanic+Pacific Isle =HPI	Hispanic+Other/Multi =HOI

LAST NAME	FIRST NAME	MIDDLE NAME	BIRTHDAY	SEX: M OR F	RACE	Primary Language

PARENTS INFORMATION:

Mother's Name _____	Father's Name _____
DOB _____ S.S.# _____	DOB _____ S.S.# _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Address _____	Address _____
Work Phone _____	Work Phone _____
E-mail _____	E-mail _____

GUARDIAN INFORMATION: (If different from above.)

Name _____ DOB _____ S.S.# _____
 Address _____
 Home Phone _____ Work Phone _____
 Employer's Address _____

EMERGENCY CONTACT INFORMATION:

Name _____ Phone _____ Relationship _____