



Healthy Children, Healthy Communities

LUFKIN · WOODVILLE · JASPER · RUSK

**Patient Information**

Today's date: \_\_\_\_\_  
Patient's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Patient's Social Security Number: \_\_\_\_\_  
Child's address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home telephone number:(\_\_\_\_) \_\_\_\_\_ Sex of child: MALE FEMALE

**Mother's Information**

Mother's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Mother's Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home telephone number:(\_\_\_\_) \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Marital status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_  
Name of husband if Married: \_\_\_\_\_  
Is mother responsible for account? Yes No Is mother employed Yes No  
Employer's name if Employed: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work telephone number:(\_\_\_\_) \_\_\_\_\_  
Email address \_\_\_\_\_

**Father's Information**

Father's Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Father's Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Home telephone number: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Marital status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_  
Name of wife if married: \_\_\_\_\_  
Is father responsible for account? Yes No Is father employed Yes No  
Employer's name if employed: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work telephone number:(\_\_\_\_) \_\_\_\_\_  
Email address \_\_\_\_\_

**Insurance Information**

Name of primary insurance company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Group name: \_\_\_\_\_ Group #: \_\_\_\_\_ ID# \_\_\_\_\_  
Card holder's name: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_