

BINDOO NARAIN M.D.
NEW PATIENT REGISTRATION

Patient's Last Name: _____ First: _____ Middle Initial: _____

Patient's Social Security Number: _____ Date of Birth: _____ Sex: Male____ Female____

Race: _____ Ethnic Group: _____ Hispanic: _____ Non-Hispanic: _____ Other Preferred Language: _____

Mailing Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Home Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Phone Number Home: _____ Mom's Cell: _____

Dad's Cell: _____ E-Mail Address: _____

WHO IS THE SUBSCRIBER ON THE INSURANCE?

Mother: _____ Father: _____ Other: _____

MOTHER'S INFORMATION:

Last Name: _____ First: _____ Middle Initial: _____

SSN: _____ Date of Birth: _____ Home #: _____ Other: _____

Street Address: _____ City: _____ Zip: _____

Employment status (check one) _____ Full-time _____ Part-time _____ Unemployed

Employer: _____ Position: _____

Work #: _____ Cell #: _____

FATHERS INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____

SSN: _____ Date of Birth: _____ Home#: _____ Other: _____

Street Address: _____ City: _____ Zip: _____

Employment Status (check one) _____ Full-time _____ Part-time _____ Unemployed

Employer: _____ Position: _____

Work#: _____ Cell #: _____

**PLEASE HAVE YOUR INSURANCE CARD AND DRIVERS LICENSE READY FOR THE
RECEPTIONIST. PAYMENT FOR PROFESSIONAL SERVICES ARE DUE AND PAYABLE WHEN
SERVICES ARE RENDERED.**

BINDOO NARAIN M.D.

Emergency Contact (Name of Closest relative not living with you)

Name: _____ Relationship: _____

Home #: _____ Cell #: _____ Work#: _____

Referral source: How were you referred to this office? Friend Family Advertisement Other _____

Name of Friend or Family that referred you: _____

CONSENT FOR EVALUTATION OR TREATMENT

The undersigned hereby consents to whatever evaluation or treatment the as assigned healthcare provider may deem necessary to the patient.

PATIENT, PARENT OR LEGAL GUARDIAN

DATE

INSURANCE ASSIGNMENT

Insurer Name: Last _____ First _____

SSN: _____ Birth Date: _____ Age: _____

I, hereby authorize my insurance benefits to be paid directly to Bindoo Narain M.D. I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered.

PATIENT, PARENT OR LEGAL GUARDIAN

DATE

BINDOO NARAIN M.D.
COMMUNICATION USE AND DISCLOSURE AUTHORIZATION

Section A: Please complete the following information for all requests.

1. Today's date: _____
2. Patient name: _____
3. Date of Birth: _____
4. Address: _____

I hereby request the following regarding the use of my PERSONAL HEALTH INFORMATION:

1. I give consent to the following to bring him/her for a all medical treatment at Dr. Bindoo Narain's office:

2. You may discuss information regarding the treatment and care of my child with the following family members and/or friends:

Signature of Patient, Mother, Father or Guardian

Date

Signature of Staff Person and Title

Printed Name of Staff Person and Title

Name:	M Race:	F	Date of Birth:	Allergy
			Date first seen:	
Mothers Name:	Home#:	Work#:	Cell#:	
Fathers Name:	Home#	Work#:	Cell#:	
Insurance: 1.	Obstetrician:	Birth Hospital:		
2.	Referred By:	Previous Pediatrician:		
Age	Health	FAMILY HISTORY		
Mother	Heart Attacks/Strokes (ages):	Sickle Cell:		
Father	Allergy/ Asthma:	Cancer:		
Sibling	Diabetes:	Epilepsy/Neurological:		
Sibling	Other:			
Sibling	Mothers Blood Type:	Rh:	Baby's Blood Type:	
Sibling				
BIRTH /DEVELOPMENT/FEEDING				
Gestational Age:	Delivery:	Weight:	Length:	HC:
Complications:			Apgar Score:	
Rolled Over:	Sat by Self:	Walked:	First Words:	Hearing Test:
Breast:	Formula:	Vitamins/Fe/Fluoride:		
IMMUNIZATIONS		UTD/NOT UTD	CARD SEEN	Y/N
Vaccine	Date		Date	
IPV	1.	PREVNAR	1.	
	2.		2.	
	3.		3.	
	4.		4.	
DTAP	1.	TDAP	1.	
	2.		2.	
	3.	MENACTRA	1.	
	4.		2.	
	5.	VARICELLA	1.	
MMR	1.		2.	
	2.	HEP A	1.	
HIB	1.		2.	
	2.		3.	
	3.	ROTAVIRUS	1.	
	4.		2.	
HEP B	1.	OTHER	1.	
	2.			
	3.			
ILLNESS				
PMH/HOSPITAL:				
INFECTIOUS DISEASE:				
SURGERIES:		ALLERGY		
DEVELOPMENTAL HISTORY				
SOCIAL HISTORY				