Northeast Texas Pediatrics

Gerald A. Stagg, MD, FAAP
Michael D. Henry, MD, FAAP

PATIENT

First | Middle | Last

Nickname (if any)

Present Age

Date of Birth

Mailing Address

Social Security #

☐ Male
☐ Female

Primary Phone Number

City, State, Zip

Race: White | Black / African American | American Indian | Asian | Native Hawaiian/Pacific Islander | Other

Ethnicity: Hispanic/Latino | Non-Hispanic/Non-Latino | Other or Undetermined

Preferred Language: English | Spanish | Other

PARENT/GUARDIAN

Mother's Name		Date of Birth	Primary Phone	Home / Work / Cell
Address (if different)	Social Security #	Driver's License#	Alternate Phone	Home / Work / Cell
	Employer		Email Address	
Father's Name		Date of Birth	Primary Phone	Home / Work / Cell
Address (if different)	Social Security #	Driver's License #	Alternate Phone	Home / Work / Cell
	Employer		Email Address	
Responsible Party (if parent under 18 years old)		Relationship	Primary Phone	Home / Work / Cell
Address			Alternate Phone	Home / Work / Cell

EMERGENCY CONTACTS

Name	Phone
Name	Phone
Name	Phone
Name	Phone

SIBLINGS

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

INSURANCE

Insurance Carrier | Policy Holder Name:

Policy Holder DOB: | Policy Number:

Group Number: | Employer:

Signature of Responsible Party | Date | Update Signature | Date

Update Signature | Date | Update Signature | Date

2001 Mulberry Avenue Mount Pleasant, Texas 75455 903-577-7337 FAX 903-577-7336

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PARENTAL CONSENT FOR TREATMENT

In accordance with Texas Law, Northeast Texas Pediatrics, PLLC will not provide health care to minors unless a parent accompanies them, a parent provides written consent, or a way is provided for the clinic to contact the parent.

In Texas, a patient is considered a “minor” if he/she is under 18 years, has never married, or has not been declared a legally emancipated minor.

I authorize the following individuals to seek medical treatment for the following child in my absence.

_____ _____

Patient/Child Patient/Child Date of Birth

_____ _____

Name/Relationship Phone #

_____ _____

Name/Relationship Phone #

_____ _____

Name/Relationship Phone #

_____ _____

Name/Relationship Phone #

_____ _____

Signature of Parent/Legal Guardian Date