

Connecticut Asthma & Allergy Center LLC

Minor/Student Registration Form

(Adult patients, please complete reverse side)

Patient Information

Patient's Name: _____

Date of Birth: _____ / _____ / _____ Age: _____ Sex: _____ SS#: _____

Address: _____
_____ Street _____ Apt/PO Box _____
Town _____ State _____ Zip Code _____ Home Phone: (____) _____ - _____

Mother's Name: _____

Address: _____

_____ Street _____ Apt/PO Box _____
Town _____ State _____ Zip Code _____ Home Phone: (____) _____ - _____

Date of Birth: _____ / _____ / _____ SS#: _____ Work Phone: (____) _____ - _____ EXT _____

Employer: _____

Employer Address: _____
_____ Street _____ Town _____ State _____ Zip Code _____

Father's Name: _____

Address: _____

_____ Street _____ Apt/PO Box _____
Town _____ State _____ Zip Code _____ Home Phone: (____) _____ - _____

Date of Birth: _____ / _____ / _____ SS#: _____ Work Phone: (____) _____ - _____ EXT _____

Employer: _____

Employer Address: _____
_____ Street _____ Town _____ State _____ Zip Code _____

Guardian (If other than parent-Proof of Guardianship Required): Relationship to Patient: _____

Name: _____

Address: _____

_____ Street _____ Apt/PO Box _____
Town _____ State _____ Zip Code _____ Home Phone: (____) _____ - _____

Date of Birth: _____ / _____ / _____ SS#: _____ Work Phone: (____) _____ - _____ EXT _____

Employer: _____

Employer Address: _____
_____ Street _____ Town _____ State _____ Zip Code _____

Primary Insurance: _____ / _____ / _____

Plan Name Policy Holder ID Number Group Number

Secondary Insurance: _____ / _____

Plan Name Policy Holder ID Number Group Number

Primary Care Physician: _____

First and Last Name

Street Address Town State Zip Code

Referring Physician/Person: _____

Name Address

Preferred Pharmacy: _____ (____) _____ - _____ Is a parent/guardian on active duty in the military? NO YES

Name Phone Number

If yes, state name and branch of service: _____

Patient's Signature: _____ **Today's Date:** _____

Mother's Signature: _____ **Today's Date:** _____

Father's Signature: _____ **Today's Date:** _____

Guardian Signature: _____ **Today's Date:** _____