



**BARBARA ANN CENTER FOR FAMILY MEDICINE**  
 15565 Northland Dr., Suite 108E  
 Southfield, MI 48075  
 Tel. 248-905-5470  
 Fax-248-905-5472

**Please Print**

Today's Date

**NEW PATIENT REGISTRATION (MINOR)**

**PATIENT INFORMATION**

Full Legal Name (Last) (First) (Middle) (Apt. No.) Name Normally Used (Nickname)

Address (Number) (Street)

City State Zip Social Security No. Home Phone

Date of Birth Age Sex Marital Status Alternate Phone

Employer Name (if applicable) Employer Street Address City State Zip

Business Phone (Including Extension) Occupation Patient's Driver's License No. (if applicable) State

Other Physicians You See

How Did You Hear About Us?

**PARENT / GUARDIAN INFORMATION**

Name (Last) (First) (Middle Init) Occupation

Address (If Different From Above) City State Zip Home Phone

Employer Name Street Address City State Zip Business Phone (Ext)

**Present your insurance card to the receptionist at the office.**

**EMERGENCY INFORMATION**

Person to Notify in Case of Emergency Relationship

Address (Number) (Street) (Apt. No.)

City State Zip Home Phone

**INFORMATION FOR THE PATIENT**

1. Patients who carry standard health insurance should remember that professional services are rendered and charged to the patient and not to the insurance company. All patients with standard health care insurance are expected to make payment as services are rendered, regardless of pending insurance, litigation, etc.
2. Patients with contract health plans should present their insurance ID card to the receptionist after completing this form. Some contract health plans (HMOs, PPOs, IPAs, etc) require a copayment at the time of service. Most contract health plans require that the claim be submitted by our office.
3. If you have any questions we will, of course, be happy to assist you.

Signature \_\_\_\_\_ Date \_\_\_\_\_