



The Lung Center and Sleep Clinic  
 5161 B Drive S, Ste. A  
 Battle Creek, MI 49015  
 (269) 969-6099  
 www.lungcenterandsleepclinic.com

### Minor Patient Registration Form

**Due to new Federal Government requirements regarding Electronic Medical Records, we are now required to collect certain data. Race, Ethnicity and Preferred Language are three of the new questions we must ask. If you prefer not to give that information, please mark those choices "Refused".**

**All information must be filled out – if you are uncomfortable answering any of the questions, please mark them "Refused". Our receptionists are required to return the form to you to complete if not filled out. Thank you for your cooperation!**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Contact Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Ethnicity (circle one): Hispanic/Latino Not Hispanic/Latino Refused

Preferred Language: \_\_\_\_\_ Race: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Referring Doctor: \_\_\_\_\_

### Responsible Party Information

Parent/Guardian: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Parent/Guardian Social Security #: \_\_\_\_\_

Address (if different than patient): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone (if different than patient): \_\_\_\_\_ Email Address: \_\_\_\_\_

Other individuals allowed to accompany minor patient to an office visit: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance Information

**Primary Insurance:** \_\_\_\_\_ Insurance Subscriber: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Subscriber Social Security #: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Subscriber Date of Birth: \_\_\_\_\_

Subscriber Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_ Insurance Subscriber: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Subscriber Social Security #: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Subscriber Date of Birth: \_\_\_\_\_

Subscriber Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_