

Welcome!

New Patient Information • OC Children's Medical Group

Child(ren) Information Primary Care Physician

(Check one)

Full Name (First, Middle, Last):	Date of Birth:	Gender:
1.		
2.		
3.		

- Dr. Michael Villadelgado
- Dr. Megan Bayless
- Dr. Lisa Teschke-Nguyen
- Dr. Talayeh Khatibi
- Dr. Amy Cox

Parent Information

Full Name:	Relationship to patient:	
Marital Status:	Married • Single • Divorced • Widowed	
Date of Birth:	Main Subscriber on Insurance?	Yes • No
Address:		
Email Address:		
Cell Phone:	Home Phone:	
Employer:	Occupation:	SS#

Parent Information

Full Name:	Relationship to patient:	
Marital Status:	Married • Single • Divorced • Widowed	
Date of Birth:	Main Subscriber on Insurance?	Yes • No
Address:		
Email Address:		
Cell Phone:	Home Phone:	
Employer:	Occupation:	SS#

Emergency Contact (other than parent/guardian)

Full Name:	Relationship:
Home Phone:	Cell Phone

Who may we thank for referring you to us? _____

I understand that Orange County Children's Medical Group will contact me via phone call, voicemail, email, and/or mail correspondence to the contact information listed above. I also certify that I am the patient's parent or guardian and am authorized to sign this form.

Print name: _____ Relationship: _____

Signature: _____ Date: _____