Desert Shores Pediatrics
Patient Registration (18 years+)

⬭ Patient has legal guardianship by another adult and does not make autonomous decisions about his/her medical care. Legal documentation of guardianship is required. Do not fill out information below.

Patient Information

Patient Name:_____ Date of Birth:_____/_____/_____ F M

Address: _____

City:_____State:_____Zip:_____

E-mail:_____

Cell Phone Number:_____ Home Phone (if different): _____

What is the best number we can call for appointment reminders? Cell_____ Home_____ Other:

Is it ok to text your cell phone for appointment reminders? Yes____ No_____

What is the best number we can call to give lab and/or test results (if different than above):_____

Is it ok to leave a detailed message regarding confidential information (i.e. lab and test results): Yes____ No____

Emergency Contact Information (Parent, Spouse, Friend)

Full Name:_____Relationship:_____

Phone Number:_____

Can we discuss your medical records with this person? Yes_____ No_____

Please list all people who you authorize to discuss your medical records (leave blank if no one is authorized)

Full Name:_____Relationship:_____

Full Name:_____Relationship:_____

Full Name:_____Relationship:_____

Signature:_____Date:_____