



William A. Paruolo, M.D., P.A.
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Our World is Putting Your Child First

Patient Registration

Child/Patient Name _____ Male Female Date of Birth _____

Patient resides with: Mother Father Other _____ Parent Martial Status Married Single Divorced/Separated

Address where Child resides _____ City _____ Zip _____

Contact Phone Number _____ Cell Home Child's Nick Name _____

Parents/Legal Guardian Information

Mothers Information
 Name _____
 Last First MI
 Date of Birth _____ SS # _____

Drivers License # _____ State _____

Address: _____

City: _____ St _____ Zip _____

Home Phone: _____ Cell : _____

Employer: _____

Work Phone _____

Fathers Information
 Name _____
 Last First MI
 Date of Birth _____ SS# _____

Drivers License # _____ State _____

Address: _____

City: _____ St _____ Zip _____

Home Phone: _____ Cell: _____

Employer: _____

Work Phone _____

Responsible Party Billing Address

Name _____ Address: _____

City: _____ St _____ Zip _____ Phone _____

Emergency Contact other than Parents

Name _____ Relationship _____

Home Phone _____ Cell _____ Work _____

I hereby assign all medical and or surgical benefits, to include major medical benefits to which I am entitled including Medicare, private insurance, PPO plans and all other health plans to William A. Paruolo. M.D., P.A. This assignment will remain in effect until revoked by name in writing. A photocopy of this assignment is to be considered as valid as an original. ***I understand that I am financially responsible for all charges whether or not paid by said insurance.*** I hereby authorize said assignee to release all information needed to secure the payment. Further, I authorize the provider to provide treatment, including but not limited to examinations, vaccinations, and the dispensing and prescribing of medications. I understand that I always have the right to have an explanation of said treatment and have the right to have any questions answered including the risks and benefits of said treatment prior to receiving any treatment. I also understand that all records will be kept confidential and will remain as such unless a written release is sighed by patient or legal guardian.

Signed _____ Date _____

Rev 1/2012