Mesquite
PEDIATRICS

Transition to Adult Patient Registration Form

Name _____ Date of Birth _____

If this patient is still under guardianship (disabled, etc) fill out this section and do not complete the remainder of this form. Otherwise skip to address and complete the rest:

Guardian's name: _____

Guardian's Signature: _____ Date: _____

Your Street Address _____

City _____ State _____ Zip Code _____

Phone Number_____ Email Address _____

Access to Information:

Check here if you do not wish to give your parents or guardians access to your medical information [ ]

If you would like your parents or guardians to have access to your records or for the doctors to be allowed to speak to them about your medical care please list their names, otherwise leave it blank.

Authorized person name and phone number:

Name _____ Name _____

Phone number _____ Phone number _____

Relationship _____ Relationship _____

Name _____ Name _____

Phone number _____ Phone number _____

Relationship _____ Relationship _____

Emergency Contact: Name _____

Phone number _____

Relationship _____

This Release of Information will remain in effect until terminated in writing.

Signature_____ Date_____