WEST HILLS DERMATOLOGY GROUP
7320 WOODLAKE AVE, SUITE 340 WEST HILLS, CA 91307
(818) 592-6005 p (818) 592-6088 f

□*Farnaz Gaminchi, M.D.* □*Tanseem Poonawalla, M.D.* □*Kerry Schlosser, PA-C* □*Amelia Middleman, PA-C*

Minor Patient Registration Form

Minor's Name: ______________________________ Prefer to be called: ___________
First Middle Last

Date of Birth: _____/_____/_____ Sex: ❒ Female ❒ Male

Race: ❑American Indian or Alaska Native ❑Asian ❑Native Hawaiian or Other Pacific Islander
❑ Black or African American ❑Hispanic or Latino ❑ White

Home Address:

____
Street# Street Name Apt#

____
City State Zip

Phone # (day): _______________________ Phone # (evenings): __________________

Legal Guardian or Parent Name:

____
First Middle Last

Phone # (day): _______________________ Phone # (evenings): __________________

Payment Policy

The Adult/Guardian who brings in the child will be responsible for all copayments and deductibles. We do not forward bills to other parties regardless of court rulings or divorce decrees.

Insurance Information:

Primary Insurance Carrier: ____

Name of Insured (Guarantor): ______________________Guarantor D.O.B.: ___/___/___

Secondary Insurance Carrier: ____

Name of Insured (Guarantor): ______________________Guarantor D.O.B.: ___/___/___

May we leave medical information about the minor on your answering machine or cell phone? ❑ YES ❑ NO

May we e-mail personal medical information about the minor to you? ❑ YES ❑ NO

E-mail address: ____

Do you give our office permission to discuss medical information about your minor with family members? ❑ YES ❑ NO If yes, please provide their name and phone number below.

Name: _______________________________________ Relationship: ________________

Phone # (day): (______)________________ Phone # (evening): (_____)______________

Emergency Contact Information:

In case of Emergency, whom should we notify?____

Relationship to Patient: ___________________ Phone: (_____)_________________

____ _____/_____/_____

Parent / Legal Guardian Signature Date

Please present your insurance card(s) and your photo identification to the receptionist. The receptionist will make a copy and return them to you promptly.