TREASURED
PEDIATRIC CARE
Hilary Nicholson, APRN-CNP

PATIENT REGISTRATION

(USE BLACK INK ONLY)

Patient Demographic Information:

(*STATE REQUIREMENT)

***Child's Full Legal Name:**_____
(Last, First, Middle)

Home Address:_____ _____
(Street) (City, State, Zip)

***Date of Birth:**_____ ***Ethnicity: Hispanic / Not Hispanic**

***Race: Caucasian / Native American / African American / Asian**

Place of Birth:_____ Mother's Maiden Name:_____
(City, State)

Parent/ Guardian Information:

(*Required Information)

*Guardian Name:_____
(Last, First, Middle)

*Home Address:_____
(Street, City, State, Zip Code)

*Date of Birth:_____ Social Security Number:_____

*Home Phone:_____ Cell Phone:_____

Relationship:_____ Email:_____

Employer:_____ Work Phone:_____

Other Responsible Party:_____

Home Address:_____
(Street, City, State, Zip Code)

Phone:_____ Relationship:_____

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AUTHORIZATION FOR EAR PIERCING

Patient's Full Name: _____ *Date of Birth*: _____

I/ We, the parent(s)/ legal guardian(s), of the minor child listed above do authorize the providers of Treasured Pediatric Care Hilary Nicholson APRN-CNP, PLLC (TPC) to provide ear piercing to this minor.

Services shall not include research or experimentation.

It is also understood that TPC will only accept cash or card payment before services are received. I also understand that my payment will not be refunded from a no-call, no-show appointment. I understand that I may obtain copies of my child's medical record at any time. However, if there is an outstanding balance on my account then there may be a charge of $.50 per page for the records, up to a maximum of $200 plus postage (if applicable), according to the Oklahoma Statutes Title 76 Section 19- Access to Medical Records. The Privacy Rule does not require the health care provider to share information with other providers.

This consent is valid until I provide TPC with written revocation or until child may legally consent for him/ herself.

*Signature of parent/ legal guardian:*_____

*Date:*_____ *Relationship:* _____

*Signature of parent/ legal guardian:*_____

*Date:*_____ *Relationship:* _____