KBL ___
HAR ___
KPI ___

Plastic & Hand Surgical Associates
244 Western Avenue, South Portland, Maine 04106
www.plasticandhand.com Tel. 207-775-3446 Fax 207-879-1646

Child & Student Registration Form

First Name	Middle	Last		Social Security #
Date of Birth Age	School Attending	Name you would like us to call you (Optional)		[ ] Male [ ] Female
Mailing Address		City	State	Zip
Residential Address		City	State	Zip
Home Phone	Cell Phone		**Email Address**	
If you are working, Employer's Address				Work Phone
Mother's Full Name	Occupation	Employer & Address		Work Phone
Father's Full Name	Occupation	Employer & Address		Work Phone
Person to contact in an Emergency WHO DOES NOT LIVE WITH YOU Name	Relationship	Address		Telephone
Family Doctor	Address			
Are you being seen at the request of a medical provider: [ ] YES [ ] NO If yes, please list Name and Address of that provider:				
Why did you choose our practice? [ ] Employer [ ] Friend/Relative [ ] Yellow Pages [ ] Website [ ] TV [ ] Attorney [ ] Health Fair [ ] Other:				
Describe in your own words the reason for your visit, in detail.				
Onset of Problem		Have you been treated for this prior to today [ ] Yes [ ] No If yes, Explain on next line		
Where	When	Physician		

Signature _____ **Date** _____