Cepero Pediatrics, P.A.
Belkis R Cepero, MD
3488 Depew Ave.
Port Charlotte, FL 33952
Phone 941-764-7923 Fax 941-764-7927

PATIENT DATA SHEET DATE COMPLETED:____________________

PATIENT INFORMATION:

NAME: LAST: ______________________________ FIRST:________________________ MI:_____

OTHER NAME KNOWN BY: ____

___ MALE ___ FEMALE BIRTHDATE: ___________ SOCIAL SECURITY #: ___________________

LOCAL ADDRESS: STREET/P.O.BOX:_____________________________ APT. #_____________

CITY, STATE: ________________________________ ZIP CODE:__________

HOME PHONE #: (   )________________________

PREFERRED LANGUAGE:___________________________

RACE: ___Caucasian ___ African American ___ Asian ___ Other

ETHNICITY: ___ Hispanic ___Non-Hispanic

PARENT #1 INFORMATION

__Mother __Stepmother __Legal Guardian

Name:_________________________________

D.O.B:__________SS#:____________________

Cell phone #:___________________________

Work phone #:__________________________

Email:_________________________________

Address(if different from child):

Street:_________________________________

City, State:______________________________

Zip Code:________________________________

NAMES OF SIBLINGS

Please list all children in household:

____

____

____

Please list anyone allowed to bring your child(ren) to office and make decisions for you:

____

____

____

PARENT #2 INFORMATION

__ Father __Stepfather __Legal Guardian

Name:_________________________________

D.O.B.:__________SS#:___________________

Cell phone #:___________________________

Work phone #:__________________________

Email:_________________________________

Address(if different from child):

Street:_________________________________

City, State:______________________________

Zip Code:________________________________

May we leave detailed messages on your voicemail?

____YES ____NO

EMERGENCY INFORMATION:

Who may we contact in case of emergency that is not the parent(s)?

Name:_________________________________

Relationship:____________________________

Phone #:_______________________________

Address:_______________________________

____

INSURANCE INFORMATION:

List all insurances your child is covered by:

____

____

____

____

Parent Signature: _____________________________________ Date:________________________