

Natural Pediatric Medicine, LLC – Dr. Robin Russell
536 Main Street, New Hartford, CT 06057 PO Box 46, Pine Meadow, CT 06061
(860) 909-1082 – Phone • (860) 238-4519 – Fax

Patient Information

Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Sex: _____ Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _(____)_____ Work Phone: _(____)_____ Cell Phone: _(____)_____

May we leave confidential voice-mail messages for you at any of the above numbers? No Yes
(Specify): Home Work Cell

Email: _____ Emergency Contact/Relation: _____ Contact's Phone: _____

Referral Source: Referred by: _____ Insurance Provider List
 Internet (CNPA OR PedANP website) Physician's Website Other _____

Employer: _____ Occupation: _____

Mother's Name (Minor's only): _____ Father's Name (Minor's only): _____

Mother's Employer: _____ Occupation: _____

Father's Employer: _____ Occupation: _____

Benefits and Billing Information

I. Primary Insurance Company & Plan Name: _____

ID Number: _____ Group/Policy # _____

Name of Policy Holder: _____ Policy Holder's Date of Birth: _____

Relationship to Policy Holder: _____ Is Your Primary Insurance Policy: POS PPO EPO HMO

II. Does your insurance have alternative medicine benefits? Yes No

Who is your Primary Care Provider? _____ Clinic Phone: _(____)_____

Clinic Address: _____ City: _____ State: _____ Zip Code: _____

Does your plan require you to have a referral from your Primary Care Provider to receive coverage? Yes No

If yes, which licensed provider were you referred by to our clinic? _____