Neela Parekh, M.D. FAAP
15000 Los Gatos Blvd. Suite #3 Los Gatos, CA – 95032
Phone: (408) 356-6167
http://www.drparekh.com

PATIENT REGISTRATION FORM

Patient's Name (Last, First, M.I.)	☐ M ☐ F	Birth Date
Patient's Address		
Siblings 1)		Birth Date
2)		Birth Date
If new patient, who referred you to us?	Date of last physical exam	
Name of previous physician		Phone number

Primary Insurance Carrier: ☐ Mom ☐ Dad ☐ Self
Name of Insurance: ______________________________
Effective Date: ______________________________
Employer Name: ______________________________

Father's Name (Last, First, M.I.)	SSN	Birth Date
Mother's Name (Last, First, M.I.)	SSN	Birth Date

Primary Cell # ☐ Mom ☐ Dad	Carrier :☐ Verizon ☐ AT&T ☐ Sprint ☐ T-Mobile
2nd Cell # ☐ Mom ☐ Dad	Carrier:☐ Verizon ☐ AT&T ☐ Sprint ☐ T-Mobile
Home Phone #	2nd Email address:

Primary Email address: ☐ Mom ☐ Dad

Do you prefer appointment reminders by ☐ Text ☐ Phone Call

Emergency Contact Name: Phone Number:

I authorize my insurance company to pay benefits directly to my Dr. Neela Parekh, M.D. I understand that all co-payments; deductible amount and/or non-covered medical services are to be paid at the time of service. I understand that I am fully liable for all the charges for services rendered. For patients with high deductible plans, our office is requiring either a credit card on file or a partial payment due at the time of service.

Name (Please Print):	Date: ____/____/________
Signature:	
Form Updated: Signature:	Date: ____/____/________

Updated: Dec-29-2017