



556 Sandhurst Drive
Fayetteville, NC 28304

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www.legacypeds.com

Patient Registration

Patient Information

Last Name	First Name	MI	Date of Birth	Male/Female
Home Address City State Zip Code				
Social Security #	Biological / Adopted		Primary Phone No:	

Parent/Guardian Information

CHECK ONE: RELATIONSHIP TO PATIENT: Mother Father Grandparent Foster Parent **DOB:** _____

Last Name	First Name	MI	Social Security No.	
Home Address		City	State	Zip Code
Employer Name		Occupation		Work Phone #:
Work Address		City	State	Zip Code
Home Phone #	Cell Phone #		Email Address	

Parent/Guardian Information

CHECK ONE: RELATIONSHIP TO PATIENT: Mother Father Grandparent Foster Parent **DOB:** _____

Last Name	First Name	MI	Social Security No.	
Home Address		City	State	Zip Code
Employer Name		Occupation		Work Phone #:
Work Address		City	State	Zip Code
Home Phone #	Cell Phone #		Email Address	

- Date(s) of the last **Physical / Wellness Exam** _____
- **Asthma Care Plan** _____
- **ADD/ADHD Visit** _____