



Westside Pediatric Clinic, P.C.

Peterkort Office-9555 SW Barnes Road, Suite 270 Portland Oregon 97225
Tanasbourne Office-17895 NW Evergreen Parkway, Suite 110 Beaverton Oregon 97006

Please choose your **PRIMARY** physician:

Deborah Purcell, M.D. Lori Hankenson, M.D. Alice Eaton, M.D.
 Eman Lutfi, M.D.

Patient Information:

D.O.B. Patients Full Name Sex

Home Address

Sibling(s):

Name Sex D.O.B

Name Sex D.O.B

Primary Guardian: (who the patient resides with)

D.O.B. Sex Full Name SSN #

Phone #1 Phone #2 Occupation Email

Insurance Company **Subscriber's Name/ ID #/ Policy #** Copay Amount \$

Secondary Guardian:

D.O.B. Sex Full Name SSN #

Phone #1 Phone #2 Occupation Email

Address (if different from above)

Insurance Company **Subscriber's Name/ ID #/ Policy #** Copay Amount \$

Third Contact: (if unable to reach you directly)

Relation to Patient Full Name Phone Number(s)

I realize I am responsible to pay all non-covered services. I acknowledge this information is true and accurate and to the best of my ability.

Signature Relation to Patient Date