

Patient name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

RESPONSIBLE PARTY

*When the patient is a minor, this and other forms must be signed by a parent/guardian who has legal custody. This is the case even if another person, such as a step-parent, may be the person who transports the child and participates with the child.*

Responsible Party: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

***(Do not list any telephone numbers you do not want us to use to contact you.)***

Email address : \_\_\_\_\_

***(Do not list an email address if you prefer not to receive email, if you believe email may not be confidential, or if you do not check your email regularly and might not receive messages from Dr. King. Please list only personal email addresses, not ones provided to you by an employer.)***

Spouse of Responsible Party: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Phone number to use for contact: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Phone number to use for contact: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible party

\_\_\_\_\_  
Date signed