



Dr. S. Boyd, MD
52 Medical Park Drive East
Suite 201
Birmingham, AL 35235-417

PATIENT – FAMILY INFORMATION

Patient's Name: (List all children)	Social Security Number	Date of Birth	Sex
_____	_____	_____	<input type="radio"/> Male <input type="radio"/> Female
_____	_____	_____	<input type="radio"/> Male <input type="radio"/> Female
_____	_____	_____	<input type="radio"/> Male <input type="radio"/> Female
_____	_____	_____	<input type="radio"/> Male <input type="radio"/> Female
_____	_____	_____	<input type="radio"/> Male <input type="radio"/> Female

Patient lives with:

I authorize the following persons to present my children to Small Steps Pediatrics for medical care in my absence and to sign for immunizations. I give Small Steps Pediatrics permission to treat any and all medical conditions during this and subsequent visits.

Signature: _____

Date: _____