



Aiea Pediatrics, LLC

Brent K. Tamamoto, M.D.
PATIENT CHANGE OF INFORMATION

Patient Name: _____ Date of Birth: _____
Last First

Other Children: _____

Home Address: _____ City, Zip: _____

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Date of Birth: _____

Marital Status: Single: ___ Married: ___ Separated: ___ Divorced: ___

Phone Numbers: Cell: _____ Home: _____ Work: _____

Mother's Name: _____ Date of Birth: _____

Marital Status: Single: ___ Married: ___ Separated: ___ Divorced: ___

Phone Numbers: Cell: _____ Home: _____ Work: _____

EMERGENCY CONTACTS: (OPTIONAL)

Emergency Contact: _____ Relation: _____ Phone number: _____

Emergency Contact: _____ Relation: _____ Phone number: _____

Emergency Contact: _____ Relation: _____ Phone number: _____

INSURANCE INFORMATION (If HMSA-Quest, patient is Subscriber)

PRIMARY

Name of insured (Subscriber): _____ Date of Birth: _____

New Insurance Plan Name: _____ New Insurance Member Number: _____

SECONDARY

Name of insured (Subscriber): _____ Date of Birth: _____

New Insurance Plan Name: _____ New Insurance Member Number: _____

Signature of Guardian: _____ Date: _____

Printed Name: _____