Austex Pediatrics
5100 W Hwy 290, Bldg 2, Ste 110
Austin, TX 78735
512-454-0406
512-4544380

FACESHEET ONLY

1. Demographics

Patient Name: _____ Date of Birth: _____ Sex: ○ Male ○ Female

Home Address: _____ Apt/ Ste #: _____ City: _____ State: _____ Zip: _____

Primary Email: _____ This email is used to set up Patient Portal.

Primary Contact: _____ Consent to Text: ○ Yes ○ No

Select one: ○ Mother ○ Father ○ Guardian Name: _____ Date of Birth: _____ Phone: _____

Select one: ○ Mother ○ Father ○ Guardian Name: _____ Date of Birth: _____ Phone: _____

Child Lives With: _____

Siblings - Names: _____

_____

Emergency Contact (Other than parent): _____ Relationship: _____ Phone Number: _____

Please Select Primary Care Provider:
○ Dr. Cassels ○ Dr. Beall ○ Dr. Glazener ○ Dr. Major

Insurance Company: _____ ID Number: _____ Policy Holder Date of Birth: _____

Policy Holder: _____ Group Number: _____