



Divorce and Separation Agreement

Patients Name: _____ DOB: _____
Patients Name: _____ DOB: _____
Patients Name: _____ DOB: _____
Patients Name: _____ DOB: _____

Physical Address: _____
Mailing Address: _____

Legal Mothers Name: _____ DOB: _____
Marital Status: **Single** **Married** **Divorced** **Remarried**
If Remarried Spouse Name: _____ DOB: _____

Legal Fathers Name: _____ DOB: _____
Marital Status: **Single** **Married** **Divorced** **Remarried**
If Remarried Spouse Name: _____ DOB: _____

Who Carries the Patients Insurance? _____

Is there any Court orders or Legal documentation stating custody or financial responsibility? _____

***If yes we need to receive a copy of those papers.**

Who is Financially Responsible MEDICAL? _____
Mother/Guardian % _____ **Father/Guardian %** _____

Please list anyone that is able to bring the children to appointments other than legal guardians:

Name: _____	Phone #: _____	Relationship _____
Name: _____	Phone #: _____	Relationship _____
Name: _____	Phone #: _____	Relationship _____
Name: _____	Phone #: _____	Relationship _____
Name: _____	Phone #: _____	Relationship _____
Name: _____	Phone #: _____	Relationship _____

Both Legal guardians must sign if there is not a court order present.

Legal Mother: _____ Date: _____
Legal Father: _____ Date: _____