



**FLORIDA ALLERGY CLINICS**  
Specializing in Allergy & Asthma Care  
for Children and Adults

1200 West State Road 434, Suite #112  
Longwood, FL 32750  
Office: 407-869-8747  
Fax: 407-869-8108

**Peter Ruggiero, M.D.**

### Patient Registration

Name \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Phone ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_

Age \_\_\_\_\_

Sex: Male/Female

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Marital Status:

Married

Widowed

Single

Divorced

Spouse's Information:

Spouse Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employer \_\_\_\_\_

SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Minor Information:

Guardian/Custodial Parent Name \_\_\_\_\_

Guardian/Custodial Parent Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_

Cell Phone ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_

Work Phone ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_

Employer \_\_\_\_\_

SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

In Case of Emergency Contact

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_