



We will need a copy of Driver's License and Insurance Card at each visit.

Patient Information Form

Child's Name _____ DOB ____/____/____ Male _____ Female _____

Race: African-American Asian Caucasian Hispanic Native American ... Ethnicity: Hispanic Not Hispanic Unknown Declined

Child's Name _____ DOB ____/____/____ Male _____ Female _____

Race: African-American Asian Caucasian Hispanic Native American ... Ethnicity: Hispanic Not Hispanic Unknown Declined

Child's Name _____ DOB ____/____/____ Male _____ Female _____

Race: African-American Asian Caucasian Hispanic Native American ... Ethnicity: Hispanic Not Hispanic Unknown Declined

Child's Name _____ DOB ____/____/____ Male _____ Female _____

Race: African-American Asian Caucasian Hispanic Native American ... Ethnicity: Hispanic Not Hispanic Unknown Declined

Preferred Language (*circle one*): ENGLISH SPANISH OTHER _____ Preferred Method of Contact _____

Child(ren) reside(s) with: Mother Father Guardian Other: _____

** If child is in custody of someone other than parent(s), we **HAVE** to have current copies of custody forms or guardianship paperwork on file. **

Mother's name _____ DOB ____/____/____ SS# _____ - _____ - _____

Street address _____ City _____ State _____ Zip _____

Home phone _____ Cell _____ Work _____

Employer _____ E-mail: _____

Father's name _____ DOB ____/____/____ SS# _____ - _____ - _____

Street address _____ City _____ State _____ Zip _____

Home phone _____ Cell _____ Work _____

Employer _____ E-mail: _____

Guardian's name _____ DOB ____/____/____ SS# _____ - _____ - _____

Relationship to patient _____ Start Date of Guardianship _____

Street address _____ City _____ State _____ Zip _____

Home phone _____ Cell _____ Work _____

Employer _____ E-mail: _____

Emergency Contact (*other than parent/guardian*): _____ Ph # _____

Preferred Pharmacy _____ City _____ Ph # _____

Insurance Co _____ ID # _____ Group # _____

Policyholder's Name _____ DOB _____ Relationship to Patient _____

Does this patient have Secondary Insurance? Yes No (*If yes, please notify the receptionist*) NO INSURANCE (*Self-pay*)

*** Who can we thank for referring you to our office? Friend Insurance Website Other _____

Parent/Guardian Signature: _____ **Date:** _____