Chart Number: _____
PCP Initials: _____

Plateau Pediatrics
3234 Miller Ave
Crossville, TN 38555
(931) 707-8700

Family Demographic Form

Patient Information – Please include each child that will be our patient **(If you have more than 4 children please ask for a 2nd Demographic Form)**

Child No. 1 _____ _____ _____
Last Name First Name MI Preferred Name Social Security Number

Date of Birth _____ ☐ Male ☐ Female Ethnicity ☐ Non-Hispanic ☐ Hispanic ☐ I Decline to Answer

Race ☐ American Indian/Alaskan Native ☐ Asian ☐ Black ☐ White ☐ Hawaiian/Pacific Islander ☐ I Decline to Answer

Child No. 2 _____ _____ _____
Last Name First Name MI Preferred Name Social Security Number

Date of Birth _____ ☐ Male ☐ Female Ethnicity ☐ Non-Hispanic ☐ Hispanic ☐ I Decline to Answer

Race ☐ American Indian/Alaskan Native ☐ Asian ☐ Black ☐ White ☐ Hawaiian/Pacific Islander ☐ I Decline to Answer

Child No. 3 _____ _____ _____
Last Name First Name MI Preferred Name Social Security Number

Date of Birth _____ ☐ Male ☐ Female Ethnicity ☐ Non-Hispanic ☐ Hispanic ☐ I Decline to Answer

Race ☐ American Indian/Alaskan Native ☐ Asian ☐ Black ☐ White ☐ Hawaiian/Pacific Islander ☐ I Decline to Answer

Child No. 4 _____ _____ _____
Last Name First Name MI Preferred Name Social Security Number

Date of Birth _____ ☐ Male ☐ Female Ethnicity ☐ Non-Hispanic ☐ Hispanic ☐ I Decline to Answer

Race ☐ American Indian/Alaskan Native ☐ Asian ☐ Black ☐ White ☐ Hawaiian/Pacific Islander ☐ I Decline to Answer

Please list the home address for the children listed above. If children split their time between two homes, all children do not live at the same home, or there are any other special circumstances or living arrangements, please check here: ☐

Physical Address _____
Street Address City State Zip

Mailing Address (if different) _____
Address City State Zip

Primary Contact Number _____ ☐ Land ☐ Cell Belongs to? _____
2ndary Contact Number _____ ☐ Land ☐ Cell Belongs to? _____

Emergency Contact
Name: _____ Number: _____ ☐ Land ☐ Cell

Family Language Preference
☐ English ☐ Spanish ☐ Other _____

Is the Primary Caregiver: Visually Impaired ☐ Yes ☐ No Hearing Impaired ☐ Yes ☐ No

Would you like an interpreter for medical communications? ☐ Yes ☐ No

(Continued on other side)

Chart Number: _____
PCP Initials: _____

Parent/Custodian No. 1

_____ _____ _____
Last Name First Name MI Date of Birth Social Security Number

Relationship to Child _____ ☐ Lives with Child ☐ Person responsible for bill

_____
Address (if Different than Child)

Parent/Custodian No. 2

_____ _____ _____
Last Name First Name MI Date of Birth Social Security Number

Relationship to Child _____ ☐ Lives with Child ☐ Person responsible for bill

_____
Address (if Different than Child)

Insurance Information

Primary Insurance Company: _____

Secondary Insurance Company: _____

Your privacy is very important to us. There are times that we will reach out to you to follow up with you regarding your treatment, payment and healthcare operations, appointment reminders, insurance questions, patient statements and other items pertaining to your care. For your convenience, we offer email and text messaging reminders and notifications. We will not send sensitive issues via these routes, nor on voicemail, but a follow up call might be necessary to share the pertinent information. Please check any of the following ways you would like us to communicate with you. If you have any questions or needs, please contact Villa Edwards, Practice Administrator at (931) 707-8700 ext. 7239 or via email at edwards@plateaupediatrics.com.

Please list any restrictions to how we may contact you (ex: you may not leave messages on voicemail):
_____

☐ You may leave messages (with a person or voicemail) at _____ or _____

☐ You may text me at the following cell phone number(s) _____

☐ Please sign me up for the Patient Portal and informational email messages. The e-mail address I would like to use is: _____ and belongs to _____

Signed: _____ Date _____

Relationship to patient: _____