ALL STARR PEDIATRICS

Patient and Family Information

Child 1: Last Name: _____ First Name: _____ MI: ___
DOB: ____/____/_____ Sex: M / F Preferred Language:_____

- Race: o African American o American Indian or Native Alaskan o Asian o Hawaiian or Pacific Islander o White o Other o Decline
- Ethnicity: o Hispanic/Latino o Non-Hispanic/Latino o Unknown o Decline

Child 2: Last Name: _____ First Name: _____ MI: ___
DOB: ____/____/_____ Sex: M / F Preferred Language:_____

- Race: o African American o American Indian or Native Alaskan o Asian o Hawaiian or Pacific Islander o White o Other o Decline
- Ethnicity: o Hispanic/Latino o Non-Hispanic/Latino o Unknown o Decline

Child 3: Last Name: _____ First Name: _____ MI: ___
DOB: ____/____/_____ Sex: M / F Preferred Language:_____

- Race: o African American o American Indian or Native Alaskan o Asian o Hawaiian or Pacific Islander o White o Other o Decline
- Ethnicity: o Hispanic/Latino o Non-Hispanic/Latino o Unknown o Decline

Child 4: Last Name: _____ First Name: _____ MI: ___
DOB: ____/____/_____ Sex: M / F Preferred Language:_____

- Race: o African American o American Indian or Native Alaskan o Asian o Hawaiian or Pacific Islander o White o Other o Decline
- Ethnicity: o Hispanic/Latino o Non-Hispanic/Latino o Unknown o Decline

Pharmacy Name:_____ Pharmacy Phone #: _____

Parent/Legal Guardian #1:

Child(ren)'s parents are: o Married o Divorced o Never Married o Separated o Widow(er) o Other

Name: _____ Relationship to Patient: _____
DOB: ____/____/____

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____
Employer: _____ Occupation: _____ _____

Best number to reach me is: o Home o Cell o Work

All Starr Pediatrics may contact me via: o Home o Cell o Work o Email

All Starr Pediatrics may leave messages or lab results via: o Home o Cell o Work o Email

Lives with patient? Yes / No

_____

(Street) (City/State/Zip)

Parent/Legal Guardian #2:

Name: _____ Relationship to Patient: _____
DOB: ____/____/____

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____
Employer: _____ Occupation: _____ _____

Best number to reach me is: o Home o Cell o Work

All Starr Pediatrics may contact me via: o Home o Cell o Work o Email

All Starr Pediatrics may leave messages or lab results via: o Home o Cell o Work o Email

Lives with patient? Yes / No

_____

(Street) (City/State/Zip)

Additional Contact Questions:

Who should receive billing statements? _____

May all contacts have access to the patient's records? Yes / No

If parents are divorced or separated please fill out this section:

Who has custody? _____

Are there any legal restrictions that would restrict the non-custodial parent from consenting to medical treatment for the child or from obtaining information about the child's medical treatment? Yes / No

If yes, please explain and provide a copy of any legal paperwork that supports this restriction.

_____

_____

Emergency Contacts (other than parents)

Name & Relationship:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____