



General Information Sheet

Child's First/Last Name: _____

Child's Date of Birth: _____

Child's Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer Not to Answer

Child's Race

- American Indian or Alaskan Native
- Asian
- Black or African-American
- Hawaiian Native or Pacific Islander
- White
- Prefer Not to Answer

Child's Language:

PRIMARY Parent/Guardian

Last Name _____ First Name _____

Social Security # _____ Date of Birth _____

Parent/Guardian's Mailing Address _____

City _____ State _____ Zip Code _____

Language _____ Home Email _____

Employer _____ Occupation _____

Cell _____ Work Number _____

Land Line _____

Relationship to the Patient: Biological Mother Biological Father Adoptive Mother Adoptive Father

Step Mother Step Father Grandparent Sibling Legal Guardian Caregiver

Other (Specify) _____ Does the child reside with this parent/guardian? Yes No

Have you signed up for the Patient Portal? Yes No

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Preferred Contact Methods:

Medical Issues: (select one only) Home Phone Cell Phone

Appointment Reminders: (select one only) Home Phone Cell Phone Text to Cell Home Email

Other Parent/Guardian's Contact Information

Last Name _____ First Name _____

Social Security # _____ Date of Birth _____

Parent/Guardian's Mailing Address _____

City _____ State _____ Zip Code _____

Language _____

Employer _____ Occupation _____

Cell _____ Work Number _____

Land Line _____

Relationship to the Patient: Biological Mother Biological Father Adoptive Mother Adoptive Father

Step Mother Step Father Grandparent Sibling Legal Guardian Caregiver

Other (Specify) _____

Does the child reside with this parent/guardian? Yes No