Patient Information: **(please list each child)**

Name_____ DOB ___/____/_____M/F **Name** _____DOB ___/____/_____M/F

Name_____ DOB ___/____/_____M/F **Name** _____DOB ___/____/_____M/F

Name_____ DOB ___/____/_____M/F **Name** _____DOB ___/____/_____M/F

Address_____ **Apt #** _____

City_____ State_____ Zip_____

Home Phone Number or Best Contact Number (_____) _____-_____

Parent Information: (If not birth parent, please specify relation to child)

Mother's Name_____ Date of Birth_____/_____/_____

Cell # (_____) _____-_____ Email_____

Father's Name_____ Date of Birth_____/_____/_____

Cell # (_____) _____-_____ Email_____

If either parent resides at a different address from children, please enter below:

Name_____Address_____Apt#_____
(P.O Box, City, State, ZIP Code)

Emergency Contact Info: (We will not give clinical information-only used if unable to contact parent)

Name_____ Relation to Child _____Phone# (____) _____ -_____

RACE: CHECK ONE:

____American Indian **____White**
____Hispanic **____Asian**
____Other Race **____Refused to Report**
____Native Hawaiian **____Other Pacific Islander**
____Black or African American **____ Alaska Native**

ETHNICITY: CHECK ONE:

____Hispanic or Latino
____Not Hispanic or Latino
____Refused to Report

PLEASE TELL US YOUR PREFERRED PHARMACY:

Pharmacy Name: _____Phone# (____) _____-_____Address:_____

Primary Insurance Coverage: PLEASE PRESENT INSURANCE CARD **(Secondary Insurance Coverage) YES or NO**
IF YES PLEASE COMPLETE BACK OF FORM

Name of Insurance Company_____

ID Number_____ Group Number _____

Subscriber's Name_____ Date of Birth_____/_____/_____

Social Security #_____-_____-_____ Male or Female Relation to Child: _____

Employer_____ Employer Phone# (_____) _____ -_____

Employer Address_____
(P.O Box, City, State, ZIP Code)

Parent/Guardian signature_____ **Date**_____

********ONLY FOR SECONDARY INSURANCE*******

Name of Insurance Company_____

ID Number_____ Group Number _____

Subscriber's Name_____ Date of Birth_____/_____/_____

Social Security #_____-_____-_____ Male or Female Relation to Child: _____

Employer_____ Employer Phone# (_____) -_____ -_____

Employer Address_____