PATIENT REGISTRATION FORM

Please **PRINT LEGIBLY** and **COMPLETE ALL information** on this form.

Please list all children;

Last	**First**	**D.O.B.**	**Resides With**
Last	**First**	**D.O.B.**	**Resides With**
Last	**First**	**D.O.B.**	**Resides With**
Last	**First**	**D.O.B.**	**Resides With**

MOTHER'S NAME: ______________________ ____________________________ _____________________ _____________
Last First Middle D.O.B.
Address: ____
Employer: ____Occupation:________________________________
Cell Phone No: ___________________________________Home Phone No:____
What is your preference on how to receive reminder calls: ____
e-mail address:____
This e-mail address will be used to grant access to the patient portal.
For safety compliance Each Parent must use their own individual e-mail address for access.

FATHER'S NAME: _______________________ ____________________________ _____________________ ____________
Last First Middle D.O.B.

Address: ____ Phone No: .________________________

Employer____Occupation:_______________________________
Cell Phone No: ___________________________________Home Phone No:____
e-mail address:____
This e-mail address will be used to grant access to the patient portal.
For safety compliance Each Parent must use their own individual e-mail address for access.

What is your preference on how to receive appointment reminders?

Cell#_____________________________________ or E-mail____

PLEASE LIST ALL INDIVIDUALS THAT HAVE YOUR CONSENT TO BE INVOLVED WITH YOUR CHILD / CHILDREN HEALTH CARE & MIGHT ACCOMPANY THEM IN TO OUR OFFICE.

PLEASE NOTE - if an individual's name does not appear on this list and presents your child to this office for treatment, they will be asked to reschedule the appointment at which time they can provide us with your authorization for treatment.

Names and Relationship to the child:
1.____2.____
3.____4.____
5.____6.____

In order for compliance with Meaningful Use Mandate the Federal Government requires us to ask the following questions:
Your Primary Language: ____
Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Decline to Answer
Race: ☐ Asian ☐ Black ☐ Hawaiian Native or Pacific Islander ☐ White ☐ Decline to answer

Signature of responsible party: __________________________Legal Relationship:____________________Date: ____________