

Today's Date _____

Candlewood Valley Pediatrics Patient Information Form

Patient's Full Legal Name (First, Middle, Last)	Date of Birth	Preferred Physician
Patient's Preferred Name	MALE / FEMALE	Patient's Cell Phone

Parent/Guardian Name	Date of Birth	Social Security #
Address (Street, City, State, Zip Code)	Email Address	Home Phone
Employer and Occupation	Work Phone	Cell Phone

Parent/Guardian Name	Date of Birth	Social Security #
Address (Street, City, State, Zip Code)	Email Address	Home Phone
Employer and Occupation	Work Phone	Cell Phone

Patient lives with:	Date of Birth (if other than parent)	Relationship
Address (if other than parent)	Home Phone	Cell Phone

Which of the following best describes parents'/guardians' present status?

Married
 Divorced
 Separated
 Widowed
 Never Married
 Remarried
 Life Partners

Financially Responsible Person		
Primary Insurance	Subscriber	ID
Secondary Insurance	Subscriber	ID
Preferred Pharmacy	City	

Preferred means of communication (circle one) email text

In an effort to eliminate disparities in healthcare in the United States, the US Department of Health & Human Services requested we collect the following demographic data:	Primary language spoken by patient _____	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Declined	Race: <input type="checkbox"/> White; <input type="checkbox"/> Asian; <input type="checkbox"/> Black/African American; <input type="checkbox"/> American Indian/Alaskan Native; <input type="checkbox"/> Native Hawaiian/Pacific Islander; <input type="checkbox"/> Other; <input type="checkbox"/> Declined
Siblings	Sex	DOB	Medical Problems