

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 OR PREFERRED #

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?
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Remarried <input type="checkbox"/> Life Partners

Financially Responsible Person:

Primary Insurance	Subscriber	ID
Secondary Insurance	Subscriber	ID

Preferred Pharmacy:	Preferred Lab:
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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: ___ White; ___ Asian; ___ Black/African American; ___ American Indian/Alaskan Native; ___ Native Hawaiian/Pacific Islander; ___ Other; ___ Declined
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Siblings	Sex	DOB	Medical Problems