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?

Married Divorced Separated Widowed Never Married Remarried Life Partners

Financially Responsible Person:

Primary Insurance	Subscriber	ID
Secondary Insurance	Subscriber	ID

Preferred Pharmacy:	**Preferred Lab:**

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:** ___ Hispanic or Latino ___ Not Hispanic or Latino ___ Declined	**Race**: ____ White; ___ Asian; ____ Black/African American; ___ American Indian/Alaskan Native; ___ Native Hawaiian/Pacific Islander; ___Other; ___Declined

Siblings	Sex	DOB	Medical Problems

Updated: 04/01/2022