



**CHILD(REN) INFORMATION**

Please list all children below - If information is not applicable to all children please fill out separate forms.

1. FULL NAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ M  F

2. FULL NAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ M  F

3. FULL NAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ M  F

4. FULL NAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ M  F

**FAMILY INFORMATION**

PATIENT(S) ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

WITH WHOM DOES YOUR CHILD(REN) RESIDE?  
 MOTHER  FATHER  BOTH PARENTS  OTHER \_\_\_\_\_

IF PARENT'S ADDRESS DIFFERS FROM CHILD - PARENT'S ADDRESS: \_\_\_\_\_  
 MOTHER  FATHER

**MEDICAL RECORDS RELEASE**

**YOU MAY DISCUSS ANY PORTION OF MY CHILD'S MEDICAL RECORDS WITH THE FOLLOWING PEOPLE:**

1. FULL NAME: \_\_\_\_\_  
 RELATIONSHIP TO CHILD: \_\_\_\_\_

2. FULL NAME: \_\_\_\_\_  
 RELATIONSHIP TO CHILD: \_\_\_\_\_

3. FULL NAME: \_\_\_\_\_  
 RELATIONSHIP TO CHILD: \_\_\_\_\_

**PHARMACY INFORMATION**

PHARMACY NAME: \_\_\_\_\_  
 LOCATION: \_\_\_\_\_

**FATHER'S INFORMATION**

NAME: \_\_\_\_\_  
 SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ DL: \_\_\_\_\_  
 PREFERRED PHONE NUMBER: \_\_\_\_\_  
 ALTERNATE NUMBER: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_

Home  
 Cell  
 Work  
 Leave VM

**MOTHER'S INFORMATION**

NAME: \_\_\_\_\_  
 SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ DL: \_\_\_\_\_  
 PREFERRED PHONE NUMBER: \_\_\_\_\_  
 ALTERNATE NUMBER: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_

Home  
 Cell  
 Work  
 Leave VM

**INSURANCE INFORMATION**

INSURANCE COMPANY: \_\_\_\_\_  
 POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_  
 INSURANCE COMPANY PHONE NUMBER: \_\_\_\_\_  
 NAME OF POLICY HOLDER: \_\_\_\_\_  
 DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 RELATIONSHIP TO PATIENT: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

**GUARANTOR INFORMATION (Person financially responsible)**

Please choose ONE:  
 MOTHER  FATHER  OTHER: \_\_\_\_\_

Complete below only if guarantor is not mother or father

PRIMARY PHONE NUMBER: \_\_\_\_\_ DOB: \_\_\_\_\_  
 RELATIONSHIP TO CHILD: \_\_\_\_\_ SSN: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_