



# PATIENT REGISTRATION

Child 1: **Last Name** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Primary language:** \_\_\_\_\_

**Ethnicity:**  Hispanic  Non-Hispanic  Prefer not to answer

**Race:**  Asian  Black  Hawaiian  White  Other  
 American Indian/Alaska Native  Prefer not to answer

Child 2: **Last Name** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Primary language:** \_\_\_\_\_

**Ethnicity:**  Hispanic  Non-Hispanic  Prefer not to answer

**Race:**  Asian  Black  Hawaiian  White  Other  
 American Indian/Alaska Native  Prefer not to answer

## Mailing Address:

\_\_\_\_\_  
Street Address City State Zip

Primary Number: (\_\_\_\_) \_\_\_\_\_ Is this a cell?  Yes  No

**Parent/Guardian 1: Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Relation to patient:** \_\_\_\_\_ **Lives with patient:**  Yes  No

**Cell phone:** (\_\_\_\_) \_\_\_\_\_ **Work phone:** (\_\_\_\_) \_\_\_\_\_

**Home email:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Parent/Guardian 2: Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Relation to patient:** \_\_\_\_\_ **Lives with patient:**  Yes  No

**Cell phone:** (\_\_\_\_) \_\_\_\_\_ **Work phone:** (\_\_\_\_) \_\_\_\_\_

**Home email:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**What is your preferred method for appointment reminders?** \_\_\_\_\_

**I certify that the information above is complete and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date