Kids First Pediatric Partners Concourse Office Plaza, Tower 2 4709 Golf Rd., Ste. 900 Skokie, IL 60076

Phone: 847.676.5394 Fax 847.679.7183 www.kidsfirstpediatricpartners.com



PATIENT REGISTRATION

Child 1: Last Name			First Name:			
DOB:	Gender:		Primary language:			
Ethnicity:	☐ Hispanic ☐	Non-Hispanic	Prefer no	t to answer		
Race:	☐ Asian ☐	Black	Hawaiian	☐ White ☐ Ot	ner	
	American Indi	ian/Alaska Native	Prefer no	t to answer		
Child 2: Last Name_	st Name		First Name:			
DOB:	Gender:		Primary language:			
Ethnicity:	Hispanic	Non-Hispanic	Prefer no	t to answer		
Race:	☐ Asian ☐	Black	Hawaiiar	White Oth	her	
	American Indi	ian/Alaska Native	Prefer no	t to answer		
Mailing Address:						
Street Address			City	State	Zip	
Primary Number: () Is this a cell?						
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:		
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		