BRIGHTER FUTURES
PEDIATRICS & LACTATION SERVICES, LLC

For Office Use:
___New Patient
___ Update to Current Patient
Staff Initials: _____

PEDIATRIC PATIENT DEMOGRAPHICS

Please Note: your insurance card and driver's license are required upon check-in at each visit.

PATIENT INFORMATION:

Full Name (First, Middle, Last): _____

Nickname: _____ Gender: _____Male ____Female Date of Birth: ____ / _____ / _____ Age: _____

Address: _____ City: _____State: _____Zip: _____

Phone: _____ Cell : _____Email: _____@ _____

Which racial category does the patient most closely identify with?

____ African American ____ American Indian/ Alaska Native ____ Asian ____ Caucasian ____ Hispanic

____ Native Hawaiian/ Hawaiian/ Another Pacific Islander ____ More Than One Race ____Other (please specify)

Ethnicity: What is the patient's ethnicity? ____ Hispanic or Latino ____ Not Hispanic or Latino

What is the patient/ family's language of preference? ___English ___Spanish ___Other: _____ (please specify)

Family Information:

Primary Parent / Legal Guardian (Primary Insurance Policy Holder)

Full Name of Policy Holder (as it appears on insurance card): _____

Gender: ____Male ____ Female Relationship to Patient: _____ Phone #: _____

Date of Birth: ____/ ____/ ____ SSN: _____-_____-_____ Employer: _____

Employer Address, City, State, Zip : _____

Other Parent / Legal Guardian

Full Name (First, Middle, Last): _____ Date Of Birth: _____ / _____/ _____

Gender: _____ Male ____ Female Relationship: _____ Phone #: _____

Marital Status: ____Married ____ Divorced ____Other: _____* With whom does the patient reside? _____

Other Side →

*If all guardians do not reside at the address listed above, please provide a secondary address for statements and information

Address: _____ City: _____Zip: _____ State: _____

Email: _____@ _____

Pharmacy Information:

Name: _____

Phone: _____

Address: _____

Fax: _____

Emergency Contact:

Name: _____

Relationship: _____

Cell Phone: _____

Alt. Phone: _____

_____ _____

Parent/ Guardian Signature Date