

CHILD'S NAME (First, Middle, Last)	SEX Male Female	DATE OF BIRTH	ETHNICITY (check box)	RACE	PREFERRED DOCTOR (check box)
			<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to answer		<input type="checkbox"/> CHAN <input type="checkbox"/> GANT <input type="checkbox"/> GRAY <input type="checkbox"/> DECKER <input type="checkbox"/> ONHAIZER <input type="checkbox"/> STROOPE <input type="checkbox"/> HUMMEL <input type="checkbox"/> WAGNER <input type="checkbox"/> THYSSEN
			<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to answer		<input type="checkbox"/> CHAN <input type="checkbox"/> GANT <input type="checkbox"/> GRAY <input type="checkbox"/> DECKER <input type="checkbox"/> ONHAIZER <input type="checkbox"/> STROOPE <input type="checkbox"/> HUMMEL <input type="checkbox"/> WAGNER <input type="checkbox"/> THYSSEN
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	PARENT/GUARDIAN #1	PARENT/GUARDIAN #2
<b>Name:</b>		
<b>Relationship to Patient(s):</b>		
<b>Date of Birth:</b>		
<b>Social Security #:</b>		
<b>Home Address:</b>		
	City: _____ State: ____ Zip Code: _____	City: _____ State: ____ Zip Code: _____
<b>Home #:</b>		
<b>Cell #:</b>		
<b>Work #:</b>		
<b>Email Address:</b>		
<b>Employer:</b>		
<b>Occupation:</b>		
<b>Preferred Language:</b>		

Parents are:  Married  Living Together  Separated  Divorced

If divorced, who is the Custodial Parent?  #1 or  #2

**PATIENT CONFIDENTIAL COMMUNICATION PREFERENCE**

Is it okay to leave a voicemail regarding labs/medical information:  Yes  No

If yes, who is the preferred contact? \_\_\_\_\_ Preferred Phone #: \_\_\_\_\_

Pearland Pediatrics will provide appointment reminders and contact you to keep you informed of any new services or upcoming events. Who is the preferred contact person?  Parent #1  Parent #2

We text appointment reminders. If you prefer to opt out please indicate your preferred method:

Mailing Address  Cell Phone  Work Phone  Home Phone  Email



