

CHILD'S NAME (First, Middle, Last)	SEX		DATE OF BIRTH	PREFERRED DOCTOR (check box)
	Male	Female		
	M	F		<input type="checkbox"/> ONHAIZER <input type="checkbox"/> GRAY <input type="checkbox"/> DECKER <input type="checkbox"/> WAGNER <input type="checkbox"/> PALACIOS <input type="checkbox"/> STROOPE <input type="checkbox"/> HUMMEL <input type="checkbox"/> HUYNH
	M	F		<input type="checkbox"/> ONHAIZER <input type="checkbox"/> GRAY <input type="checkbox"/> DECKER <input type="checkbox"/> WAGNER <input type="checkbox"/> PALACIOS <input type="checkbox"/> STROOPE <input type="checkbox"/> HUMMEL <input type="checkbox"/> HUYNH
	M	F		<input type="checkbox"/> ONHAIZER <input type="checkbox"/> GRAY <input type="checkbox"/> DECKER <input type="checkbox"/> WAGNER <input type="checkbox"/> PALACIOS <input type="checkbox"/> STROOPE <input type="checkbox"/> HUMMEL <input type="checkbox"/> HUYNH
	M	F		<input type="checkbox"/> ONHAIZER <input type="checkbox"/> GRAY <input type="checkbox"/> DECKER <input type="checkbox"/> WAGNER <input type="checkbox"/> PALACIOS <input type="checkbox"/> STROOPE <input type="checkbox"/> HUMMEL <input type="checkbox"/> HUYNH
	M	F		<input type="checkbox"/> ONHAIZER <input type="checkbox"/> GRAY <input type="checkbox"/> DECKER <input type="checkbox"/> WAGNER <input type="checkbox"/> PALACIOS <input type="checkbox"/> STROOPE <input type="checkbox"/> HUMMEL <input type="checkbox"/> HUYNH
	M	F		<input type="checkbox"/> ONHAIZER <input type="checkbox"/> GRAY <input type="checkbox"/> DECKER <input type="checkbox"/> WAGNER <input type="checkbox"/> PALACIOS <input type="checkbox"/> STROOPE <input type="checkbox"/> HUMMEL <input type="checkbox"/> HUYNH

Please Circle which applies:	#1 PARENT/STEP PARENT/GUARDIAN	#2 PARENT/STEP PARENT/GUARDIAN
Name:		
Relationship to Patient(s):		
Date of Birth:		
Social Security #:		
Home Address:	_____	_____
	City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____
Home #:		
Cell #:		
Work #:		
Email Address:		
Employer:		
Occupation:		
Preferred Language:		

Parents are:  Married  Living Together  Separated  Divorced If divorced, who is the Custodial Parent?  #1 or  #2  
 \*If there are legal documents regarding who can obtain care for the child or medical information (Provide a copy of documents).

**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

