



The Children's and Family Health Center
PATIENT INFORMATION UPDATE

Today's Date: ____ / ____ / ____ PRIMARY LANGUAGE SPOKEN: _____
If English is not the primary language, you must bring an interpreter with you for each visit.

PATIENT INFORMATION

EMAIL: _____

Name _____
Last Name First Name Middle Initial

Birth Date ____ / ____ / ____ Male Female Social Security Number ____ / ____ / ____

Telephone: **Home:** ____ - ____ **Cell:** ____ - ____ **Work:** ____ - ____

Address _____ City _____ State _____ Zip Code: _____
Street Number and Street Name

School's Name _____ City _____ State _____

PARENT/ LEGAL GUARDIAN INFORMATION

Mother's Name _____ SS # ____ / ____ / ____ Birth Date ____ / ____ / ____
Last Name First Name

Father's Name _____ SS # ____ / ____ / ____ Birth Date ____ / ____ / ____
Last Name First Name

Legal Guardian _____ SS # ____ / ____ / ____ Birth Date ____ / ____ / ____
Last Name First Name

If parent/legal guardian's address is different than patient's; please write address below:

_____ City _____ State _____ Zip Code: _____
Street Number and Street Name

Parent's Employer _____ City _____ State _____ Phone: ____ - ____

Pharmacy _____ Address _____ City _____

INSURANCE INFORMATION: At the Time of Registration please have your insurance cards & co-pays

Primary: Name _____ Policy ID #: _____

Secondary (if any): Name _____ Policy ID #: _____

EMERGENCY CONTACT:

_____ Relationship to patient: _____
Last Name First Name

Home: ____ - ____ **Cell:** ____ - ____ **Work:** ____ - ____