

# Demographics

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**Mother/ Primary Guardian First Name**

**Last Name**

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**Address**

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**City**

**State**

**Zip**

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**Home Phone**

**Cell Phone: Primary**

**Email Address**

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**Father/Secondary Guardian First Name**

**Last Name**

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**Address**

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**City**

**State**

**Zip**

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**Home Phone**

**Cell Phone: Secondary**

**Email Address**

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**Patient First Name**

**Middle Name**

**Last Name**

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**Patient Preferred Name**

**Sex:** Male Female Other

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Race:**

- White  Black/African American  Asian  
 American Indian/Alaska Native  
 Native Hawaiian/Other Pacific Islander  Other  
 Unreported/Declined to Report

**List**

\_\_\_\_\_

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**Sibling First Name**

**Middle Name**

**Last Name**

**Sex:** Male Female Other

**Date of Birth** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

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**Sibling First Name**

**Middle Name**

**Last Name**

**Sex:** Male Female Other

**Date of Birth** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

Emergency Contact (1): First Name

Last Name

Emergency Contact Phone

Emergency Contact Relationship

Emergency Contact (2): First Name

Last Name

Emergency Contact Phone

Emergency Contact Relationship

Do you have Insurance? YES NO

Relationship to Patient

First Name of Primary Insured

Last Name of Primary Insured

Birthdate of Primary Insured

Insurance Company Name

Group Name

Group Number

Insurance ID #

Do you have Secondary Insurance? YES NO

Relationship to Patient

First Name of Secondary Insured

Last Name of Secondary Insured

Birthdate of Secondary Insured

Insurance Company Name

Group Name

Group Number

Insurance ID #

Parent/Guardian Signature

Date

Drivers License #