

# Patient Registration (Newborn- 17-years)



Pediatric Health Care Alliance, P.A.

Your Child's Medical Home™

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ M ☐ F

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sibling Names and Ages (ex: Jack, 9): \_\_\_\_\_

\_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

PRIMARY FAMILY EMAIL: \_\_\_\_\_

PRIMARY FAMILY PHONE: (\_\_\_\_) \_\_\_\_\_ (OFFICE USE: LABEL AS "MAIN")

Parent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Home Address (if different from child): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Home Address (if different from child): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Alternate Contact (relative or friend): \_\_\_\_\_

Alternate Contact Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

## FORM COMPLETED BY:

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We are required to collect the following information for each patient.**

**Please complete this section before returning the form. Thank you.**

## Preferred Doctor/APRN

\_\_\_\_\_

## Preferred Language:

\_\_\_\_\_

## Your Child's Race

(select one primary)

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other \_\_\_\_\_
- ☐ Decline to answer

## Your Child's Ethnicity

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino
- ☐ Unknown

Please confirm your contact information is correct. We use this information to contact you about appointments, alerts, general health information, PHCA news and services, as well as payments and billing matters.

**\*\* Please return this form to the Front Desk before leaving the office. Thank you. \*\***