



# Integrative Pediatric Health Care

**PATIENT INFORMATION FORM (please complete all applicable areas only).**

TODAY'S DATE: \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ cell # \_\_\_\_\_ email \_\_\_\_\_ Sex: M F

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ cell # \_\_\_\_\_ email \_\_\_\_\_ Sex: M F

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ cell # \_\_\_\_\_ email \_\_\_\_\_ Sex: M F

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ cell # \_\_\_\_\_ email \_\_\_\_\_ Sex: M F

HOME ADDRESS \_\_\_\_\_  
(City State Zip Code)

HOME PHONE # \_\_\_\_\_ Primary EMAIL ADDRESS \_\_\_\_\_

**PARENT 1**

**PARENT 2**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

DOB \_\_\_\_\_

DOB \_\_\_\_\_

OCCUPATION \_\_\_\_\_

OCCUPATION \_\_\_\_\_

WORK PHONE # \_\_\_\_\_

WORK PHONE # \_\_\_\_\_

CELL # \_\_\_\_\_

CELL # \_\_\_\_\_

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME ADDRESS (if different from patient)

HOME ADDRESS (if different from patient)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCIALLY RESPONSIBLE PARTY** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**INSURANCE INFORMATION:** If you did not bring an insurance card to the appointment, please complete the insurance information below

Insurance Company \_\_\_\_\_ Policy Holder \_\_\_\_\_

ID/MEMBER # \_\_\_\_\_ GROUP # \_\_\_\_\_

**PREFERRED PHARMACY:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**COMMUNICATION PREFERENCE:** \*\* For routine appointment reminders and messages from the office I would like to be contacted by:  
(1=first choice, 2=second choice, 3=third choice – please select at least one and up to three choices).

**TEXT:** \_\_\_ Parent 1 Cell \_\_\_ Parent 2 Cell \_\_\_ Patient Cell

**EMAIL:** \_\_\_ Primary Email \_\_\_ Parent 1 email \_\_\_ Parent 2 email \_\_\_ Patient email

**PHONE/VOICEMAIL:** \_\_\_ Home Phone \_\_\_ Patient cell \_\_\_ Parent 1 Cell \_\_\_ Parent 2 Cell \_\_\_ Parent 1 work \_\_\_ Parent 2 work

**EMERGENCY CONTACT\*\*:** (Other than immediate family member)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

**\*\*Please note that HIPAA Privacy regulations prevent us from sharing protected health information on patients above 14 years of age without their explicit consent.**