

CHILD DEMOGRAPHIC INFORMATION FORM TO BE COMPLETED BY PARENT (17years & younger)

Date of Visit _____ Reason for Visit _____ DOB _____

Legal Last Name _____ Legal 1st Name _____ MI _____

Preferred Name _____ Sex at Birth - Male Female Race (e.g., Asian/ Black/ White) _____

Language (e.g., English/Arabic/Spanish) _____ Hispanic - Yes No Marital Status Single Married Other

Birth Status Single Twin Triplet Other Birth Order (if twin, triplet, etc.) - 1st 2nd 3rd Other

Social Security # (optional) _____ Communication Preference (mail, email, cell phone, etc.) _____

Email Address _____ May we contact you via email? Yes No

Would you like to receive a text message for appointment reminders? Yes No

Home Address _____ Apt # _____ City _____ ZIP _____

Mailing Address _____ Apt # _____ City _____ ZIP _____

County _____ Home # _____ Cell/ # _____ Best time to call (morning, evening, etc.) _____

Mother's 1st & Last Name _____ Father's 1st & Last Name _____

Your Name _____ Relationship to child _____ Legal Guardian Y N

Emergency Contact Name _____ Relationship _____ Tel. # _____

Would you like to complete an Advanced Directive for your child today? Yes No

An advanced directive (living will) allows someone to make medical decisions on your child's behalf if you are unable to.

Would you like your child to participate in the Health Information Exchange (HIE)? Yes No

The HIE allows your child's medical information to be available and viewed electronically by doctors and your medical team members. It is designed to provide quick access to medical records to make treatment more effective and efficient. Any authorized healthcare provider and their team who agrees to participate in the HIE can electronically access and use your protected health information, if needed, to provide treatment to you.

Are you covered by Medicaid/ Medicare? Yes No Medicaid/ Medicare Number _____/_____

Do you have Health Insurance? Yes No INS. Name/Policy # _____/_____

Highest Level of Education _____ Migrant Worker - Yes No Seasonal Agricultural Worker - Yes No

Country of Birth _____ Was client born in U.S or born abroad to a parent who was a U.S citizen? - Yes No

Date Arrived in US _____ Immigration Status (Immigrant, Student Visa, Refugee, etc.): _____ Alien Number: _____

Did the child live outside the US for more than 2 months? Yes No Country lived in for more than 2 months _____

Please list all family members living in the home and note monthly income if applicable.

(Income includes all earnings from jobs, pensions, child support, social security, death benefit, alimony, unemployment/worker's compensation, veteran benefits, investments, trust funds, rental income, self-employment, Public Assistance, grants, or any other income received.)

Name	Date of Birth	SS# (optional)	Relationship	Monthly Income

Do you pay childcare? Yes No Mo.amt. _____ Do you pay court ordered child support? Yes No Mo.amt. _____

I affirm the information I am providing is true and correct to the best of my knowledge. I understand if I provide false or inaccurate information services may be discontinued and I may have to pay for all services received per the appropriate fee schedule. FACS64f10.003 (5).

Signature _____ Date _____