

- Pediatric Demographics -

Date _____

Chart Number _____

Patient's Last Name		First	Middle Initial	Date of Birth	Sex	Social Security Number
Street Address			City	State / Zip Code		
Home Telephone Number ()	Cell Phone No. for _____ ()	Message Telephone Number ()	Mother's Work Number ()	Father's Work Number ()		
Mother's Name			Date of Birth	Social Security Number		
Mother's Address (if different than patient's)			Mother's Employer			
Father's Name			Date of Birth	Social Security Number		
Father's Address (if different than patient's)			Father's Employer			
Local Contact for Emergencies		Relationship to Patient		Emergency Contact Telephone Number ()		
Race	<input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Unreported / Refused to report <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Other / Mutually defined _____					
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> All Others / Refused to report					
Do you need help finding a place to live? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Insurance Information

<input type="checkbox"/> Medicaid	Medicaid Number					
<input type="checkbox"/> Other	Insurance Name	Group Number	Date of Birth	Social Security Number		
	Employee	Employer				
<input type="checkbox"/> Other	Insurance Name	Group Number	Date of Birth	Social Security Number		
	Employee	Employer				
<input type="checkbox"/> Other	Insurance Name	Group Number	Date of Birth	Social Security Number		
	Employee	Employer				
<input type="checkbox"/> None						

<input type="checkbox"/> Yes <input type="checkbox"/> No	Grace Health offers discounted fees to those who qualify. If you would like information about our Schedule of Discounts Program, please mark "Yes".
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