



Patient's Legal Name: _____
 (First Name) (MI) (Last Name)

Patient's Preferred Name: _____ Date of Birth: _____ Gender: _____

<p>Please complete all information and give form to nurse once inside the exam room.</p> <p>Race (check one): <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian <input type="radio"/> Other Pacific Islander <input type="radio"/> More than 1 Race <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> Declines to Respond</p> <p>Ethnicity (check one): <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino</p> <p>Tobacco Exposure: Do household member smoke? Inside _____ Outside _____ Never _____</p> <p>For Nurse Staff: <input type="checkbox"/> Transition into Care</p>	<p>What are the names and birth dates of your child's siblings?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Current Medications:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Surgeries:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Hospitalizations (REASON AND DATE):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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CUSTODY / PRIMARY CAREGIVER:

*****Please note: If there has been any change in custody or who the Primary Care Giver is, you are required to provide legal documentation to the practice.*****

Marital Status: Married / Divorced / Separated / Single / Widowed

Who is the Primary Caregiver of the patient: _____ Relationship: _____

If applicable, who has legal custody: _____ Relationship: _____

<p align="center"><u>Legal Guardian</u></p> <p>Name: _____ (First) (MI) (Last)</p> <p>DOB: _____ SS#: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>City State Zip</p> <p>Primary Phone #: (_____) _____ - _____</p> <p>Alternate Phone#: (_____) _____ - _____</p> <p>Employer: _____</p>	<p align="center"><u>Legal Guardian</u></p> <p>Name: _____ (First) (MI) (Last)</p> <p>DOB: _____ SS#: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>City State Zip</p> <p>Primary Phone #: (_____) _____ - _____</p> <p>Alternate Phone#: (_____) _____ - _____</p> <p>Employer: _____</p>
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