StarLight PEDIATRICS

Date: _____

(Please list all children in the family even if the child is not being seen today.)

	Child 1	Child 2	Child 3	Child 4
Patient Name	_____	_____	_____	_____
Patient Last Name	_____	_____	_____	_____
DOB	_____	_____	_____	_____
Nickname	_____	_____	_____	_____
Ethnicity	_____	_____	_____	_____
Gender	_____	_____	_____	_____

PARENTAL INFORMATION

MOTHER/LEGAL GUARDIAN

Name _____ DOB _____

Mailing Address _____

_____County _____

Cell Phone _____

Email _____

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Widowed

Preferred Language _____

Step-Father _____

FATHER/LEGAL GUARDIAN

Name _____ DOB _____

Mailing Address _____

_____County _____

Cell Phone _____

Email _____

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Widowed

Preferred Language _____

Step-Mother _____

Who do the children reside with? ☐ Father ☐ Mother ☐ Other _____

Who has legal custody of the child/children? ☐ Both ☐ Father ☐ Mother ☐ Other _____

Please provide any applicable legal documents.

Who is responsible for the medical bills? ☐ Father ☐ Mother ☐ Other _____

What is your preferred method of communication? ☐ Phone ☐ Email

Emergency Contact Name *other than parents/guardian*: _____**Relationship**: _____

Email _____ **Phone**: _____

Emergency Contact Name: _____ **Relationship**: _____

Email _____ **Phone**_____

Insurance (circle) Private insurance Medicaid Tricare Self Pay

May we leave voicemails in the phone numbers provided above? **YES** ☐ **NO** ☐

How did you hear about us? (Social media, Facebook, Google, Yelp, word of mouth, etc.) _____

Are there any restrictions on family whom are NOT to have permission to discuss patient info or bring to appointments?

_____

On occasion Starlight pediatrics likes to post photos of our patients and families. You will be asked each time if it is okay to do so whether you consent on this form or not ☺ In general, do you allow Starlight to post a photo of your child on our Facebook page or website? **Yes or No

Please sign for consent: _____ Date: _____