

Pediatric Associates, PA Family Information Sheet				Date:			
Mother:				Father:			
Address:				Address:			
City:		State/Zip:		City:		State/Zip:	
Home #:		Cell #:		Home #:		Cell #:	
SS #:		DOB:		SS #:		DOB:	
Employer :				Employer :			
Address:				Address:			
Work #:		Ext:		Work #:		Ext:	
Email Address:				Email Address:			
Child(ren) reside(s) with:							
Mother		Father		Other:			
				Address:			
				City/State/Zip:			
				Phone #:			
Child 1:				Child 2:			
Date of Birth:				Date of Birth:			
Social Security #:		Sex: Male Female		Social Security #:		Sex: Male Female	
Race		Languages Spoken		Race		Languages Spoken	
Alaskan Native		ASL		Alaskan Native		ASL	
Native American		Arabic		Native American		Arabic	
Asian		Chinese		Asian		Chinese	
Black/African American		English		Black/African American		English	
Hawaiian		Hindi		Hawaiian		Hindi	
Pacific Islander		Korean		Pacific Islander		Korean	
White		Spanish		White		Spanish	
More than one		Other		More than one		Other	
Ethnicity				Ethnicity			
Hispanic/Latino				Hispanic/Latino			
Not Hispanic/Latino				Not Hispanic/Latino			

Child 3:				Child 4:			
Date of Birth:				Date of Birth:			
Social Security #:		Sex: Male Female		Social Security #:		Sex: Male Female	
Race		Languages Spoken		Race		Languages Spoken	
Alaskan Native		ASL		Alaskan Native		ASL	
Native American		Arabic		Native American		Arabic	
Asian		Chinese		Asian		Chinese	
Black/African American		English		Black/African American		English	
Hawaiian		Hindi		Hawaiian		Hindi	
Pacific Islander		Korean		Pacific Islander		Korean	
White		Spanish		White		Spanish	
More than one		Other		More than one		Other	
Ethnicity				Ethnicity			
Hispanic/Latino				Hispanic/Latino			
Not Hispanic/Latino				Not Hispanic/Latino			
Child 5:				Child 6:			
Date of Birth:				Date of Birth:			
Social Security #:		Sex: Male Female		Social Security #:		Sex: Male Female	
Race		Languages Spoken		Race		Languages Spoken	
Alaskan Native		ASL		Alaskan Native		ASL	
Native American		Arabic		Native American		Arabic	
Asian		Chinese		Asian		Chinese	
Black/African American		English		Black/African American		English	
Hawaiian		Hindi		Hawaiian		Hindi	
Pacific Islander		Korean		Pacific Islander		Korean	
White		Spanish		White		Spanish	
More than one		Other		More than one		Other	
Ethnicity				Ethnicity			
Hispanic/Latino				Hispanic/Latino			
Not Hispanic/Latino				Not Hispanic/Latino			

Emergency Contact:		Emergency Contact:	
Address:		Address:	
City:	State/Zip:	City:	State/Zip:
Home #:	Cell #:	Home #:	Cell #:
Email Address:		Email Address:	
By signing below, I authorize, acknowledge, and agree to the following:			
* I agree to have Pediatric Associates, PA render the services needed to provide the appropriate medical treatment to my child(ren).			
* I understand that I have the right to read the Notice of Privacy Practices before signing this agreement.			
* If I ask, Pediatric Associates, PA will provide me with the most recent copy of their Notice of Privacy Practices.			
* I have received a copy of Pediatric Associates, PA's Notification of Responsible Party.			
Responsible Party's Signature:			