Contact (Parent) 1: Name:	
Relation to Patient:	
Lives with patient? Yes / No	Date of Pinth
Social Security #.	Date of Birth: / /
Work Phone: ()	Call Phones (
Work Email:	Cent Fnone. ()
Employer: Occupation:	
Occupation:	
How would you ideally prefer to be con	tacted recording (circle and)
Medical Issues: Home Phone / Work Ph	tone / Cell Phone / Home Email
Appointment Reminders: Home Phone	Cell Phone / Home Email / Work Email
Recall Notices: Home Address / Home I	Phone / Work Phone / Cell Phone / Home Email
Billing Statements: Home Address / Home	me e-mail / Work E-mail
General Practice Notices: Home Address	ss / Home Phone / Cell Phone / Home Email
Patient Portal Notifications: Cell Phone	/ Home Email / Work Email
to the transfer con those	Home Email / Work Email
Contact(Parent) 2: Name:	
Relation to Patient:	
Lives with patient? Yes / No	Date of Pintle
Social Security #:	Date of Birth: / /
Work Phone: ()	
Home Email:	Cell Fhone: ()
Home Email: Work Email:	
Employer:	
Employer: Occupation:	
If this contact will need to be notified in	addition to Contact 1 for Medical Issues, Appointment
Reminders, Recall Notices, Billing State	ments, General Practice Notices and Patient Portal
Notifications list their preferences here:	mens, deneral Fractice Notices and Patient Portal
providences note.	3
Additional Contact Questions:	
Who should receive billing statements?	
May all contacts have access to the natie	ent's records electronically? Yes / No /
If parents are divorced or separated plea	ase fill out this section.
w no nas custoav?	
Are there any legal restrictions that would	ld restrict the non-custodial parent from consenting to
medical treatment for the child or from o	btaining information about the child's medical
treatment? Yes / No	oraning information about the chita's medical
If yes, please explain and provide a copy	of any legal paperwork that supports this restriction.
Emergency Contacts other than	Name & Delai di
Emergency Contact; other than parents:	Name & Relationship
Phone: () -	