

**Contact (Parent) 1: Name:** \_\_\_\_\_  
**Relation to Patient:** \_\_\_\_\_  
**Lives with patient? Yes / No** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Social Security #:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**Work Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ **Cell Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
**Home Email:** \_\_\_\_\_  
**Work Email:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_

How would you ideally prefer to be contacted regarding (circle one):  
**Medical Issues:** Home Phone / Work Phone / Cell Phone / Home Email  
**Appointment Reminders:** Home Phone / Cell Phone / Home Email / Work Email  
**Recall Notices:** Home Address / Home Phone / Work Phone / Cell Phone / Home Email  
**Billing Statements:** Home Address / Home e-mail / Work Email  
**General Practice Notices:** Home Address / Home Phone / Cell Phone / Home Email  
**Patient Portal Notifications:** Cell Phone / Home Email / Work Email

**Contact(Parent) 2: Name:** \_\_\_\_\_  
**Relation to Patient:** \_\_\_\_\_  
**Lives with patient? Yes / No** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Social Security #:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**Work Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ **Cell Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
**Home Email:** \_\_\_\_\_  
**Work Email:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_

If this contact will need to be notified in addition to Contact 1 for Medical Issues, Appointment Reminders, Recall Notices, Billing Statements, General Practice Notices and Patient Portal Notifications list their preferences here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Contact Questions:**

Who should receive billing statements? \_\_\_\_\_

May all contacts have access to the patient's records electronically? Yes / No / \_\_\_\_\_

**If parents are divorced or separated please fill out this section:**

Who has custody? \_\_\_\_\_

Are there any legal restrictions that would restrict the non-custodial parent from consenting to medical treatment for the child or from obtaining information about the child's medical treatment? Yes / No

If yes, please explain and provide a copy of any legal paperwork that supports this restriction.

**Emergency Contact; other than parents: Name & Relationship** \_\_\_\_\_

1: \_\_\_\_\_  
**Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_