

**Patient Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Is it OK to leave a message?  Yes  No

Cell Phone: \_\_\_\_\_ Is it OK to leave a message?  Yes  No

Work Phone: \_\_\_\_\_ Is it OK to leave a message?  Yes  No

Email: \_\_\_\_\_ Is it OK to email you?  Yes  No

**Parent/Guardian Information** (if applicable)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_

Relationship to child: \_\_\_\_\_

Are you the child's legal guardian?  Yes  No  
If no, who is legal guardian? \_\_\_\_\_

**Emergency Contact**

Please provide name and phone number(s) of whom to contact in case of emergency

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact's relationship to patient: \_\_\_\_\_

**Patient/Guardian Signature:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_