HOLLAND PEDIATRIC ASSOCIATES, PLC

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PATIENT INFORMATION SHEET FOR MINORS

PATIENT INFORMATION

NAME, BIRTHDATE AND GENDER

_____ _____ ☐ Male ☐ Female
First Name Last Name Birthdate

ADDRESS

_____
Street City State Zip Code

DEMOGRAPHICS

RACE (Check all that apply)
☐ White/Caucasian ☐ Black/African American
☐ Asian ☐ American Indian/Alaska Native
☐ Prefer to not report ☐ Other: _____

ETHNICITY (Check one)
☐ Hispanic or Latino
☐ NOT Hispanic or Latino
☐ Prefer to not report

LANGUAGE (Check primary language)
☐ English ☐ Spanish
☐ Mandarin ☐ Korean
☐ Prefer to not report
☐ Other: _____

PARENT INFORMATION

MARITAL STATUS of biological/adoptive parents or legal guardians

☐ Married ☐ Live Together ☐ Divorced ☐ Separated ☐ Other: _____

If biological/adoptive parents or legal guardians do not live in the same house, who does the patient reside with: ☐ Mother ☐ Father

FATHER

NAME, BIRTHDATE AND RELATIONSHIP

_____ _____ ☐ Biological/Adoptive ☐ Legal Guardian
First Name Last Name Birthdate

ADDRESS ■ Check if father's address is the same as the patient's.

_____
Street City State Zip Code

PHONE NUMBERS NOTE: Please state what type of number (i.e. cell, home, step-mom's cell, etc.).

_____ _____ _____ _____ _____ _____
Primary # Type Secondary # Type Tertiary # Type

FATHER'S PARTNER ■ Check if father's spouse/partner is the patient's biological/adoptive mother or legal guardian.

_____ _____ ☐ Step-Parent ☐ Significant Other
First Name Last Name Birthdate

MOTHER

NAME, BIRTHDATE AND RELATIONSHIP

_____ _____ ☐ Biological/Adoptive ☐ Legal Guardian
First Name Last Name Birthdate

ADDRESS ■ Check if mother's address is the same as the patient's.

_____
Street City State Zip Code

PHONE NUMBERS NOTE: Please state what type of number (i.e. cell, home, step-dad's cell, etc.).

_____ _____ _____ _____ _____ _____
Primary # Type Secondary # Type Tertiary # Type

MOTHER'S PARTNER ■ Check if mother's spouse/partner is the patient's biological/adoptive father or legal guardian.

_____ _____ ☐ Step-Parent ☐ Significant Other
First Name Last Name Birthdate

SIGNATURE

NOTE: Step-parents cannot sign for step-children. ONLY biological/adoptive parents and legal guardians can sign.

Name (printed): _____ Relationship to Patient: _____
First Name Last Name

Signature: _____ Today's Date: _____