



# Pediatrics Demographic Record

**Patient Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ **DOB:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Parent Guardian:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Employer/Occupation:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent Guardian:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Employer/Occupation:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency/Alternate Contact 1:(preferred outside of home)** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency/Alternate Contact 2:(preferred outside of home)** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Do you want to sign up for MY CHART-Online access to your Medical Records? Y \_\_\_ N \_\_\_**

**Patient Name:** \_\_\_\_\_ **MRN:** \_\_\_\_\_

*The government mandates that all healthcare is provided fairly, without regard to race or ethnicity. These registration questions are to insure we are meeting these guidelines. This information will be kept confidentially.*

**Race:**

American Indian/Alaskan Native

Asian Indian

Black, African American

Caucasian (White)

Chinese

Filipino

Guamanian/Chamorro

Japanese

Korean

Native Hawaiian

Other Hawaiian

Other Asian

Other Pacific Islander

Samoan

Vietnamese

Unknown

Decline

**Ethnicity:**

Cuban

Mexican/Mexican American

Other Hispanic/Latino/Spanish Origin

Puerto Rican

Non-Hispanic/Latino/Spanish Origin

Unknown

Decline

**Preferred Language:**

English

Spanish

Arabic

Chinese (all types)

French

German

Greek

Italian

Japanese

Korean

Navajo

Polish

Russian

Tagalog

Ukrainian

Vietnamese

Other(Specify)\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_