



First: _____ Middle: _____ Last: _____
Date of Birth: _____ Sex: Male / Female
Nickname/Preferred Name: _____

Race: (Circle One)

American Indian/Alaska Native
Asian
Black/African American
Native Hawaiian/Pacific Islander
White/Caucasian
Decline
Other: _____

Ethnicity: (Circle one)

Hispanic or Latino
Not Hispanic or Latino
Decline

Demographic Information

Street Address: _____
City: _____ State: _____
Zip: _____
Home Phone: _____
Parent/Guardian Name and Number: _____
Parent/Guardian Name and Number: _____

Please circle which phone number is primary

Email Address: _____
Preferred Pharmacy: (please specify town and street): _____

Parents / Legal Guardian

*Mother / Legal Guardian: _____
Date of Birth: _____ Lives with Child: Yes / No
*Father / Legal Guardian: _____
Date of Birth: _____ Lives with Child: Yes / No

Insurance Information – A copy of your insurance card is required (front and back) *

Financially Responsible Person (please specify if address is different than above):

Primary Insurance Plan: _____ Policy #: _____
Secondary Insurance Plan: _____ Policy #: _____

Referred by: _____