



# Demographic Update

Today's Date: \_\_\_\_\_ Patient's DOB: \_\_\_\_\_

Patient's Full Name: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Which number should we try first to contact you? \_\_\_\_\_

Name of Current Insurance Company: \_\_\_\_\_

### Emergency Contact(s):

- Please list name, phone number, and relationship (i.e. Grandmother, Neighbor, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please Circle which of your emergency contacts are authorized to bring your child in for evaluation and treatment (labs, vaccines, procedures)? #1 #2 #3

Are there additional people who are authorized to bring your child in for evaluation and treatment (labs, vaccines, procedures)? Y/N

If yes, please list full name, phone number, and relationship below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

If your child is between the ages of 16 years and 18 years, do you give permission for your child to be evaluated and treated if he/she is not accompanied by a parent, legal guardian, or other authorized person?

Y/N

Printed Name of Person Completing Form: \_\_\_\_\_

Signature of Person Completing Form: \_\_\_\_\_