

PATIENT DEMOGRAPHIC INFORMATION

Date: _____

FORM MUST BE FILLED OUT COMPLETELY AND KEPT CURRENT

Patient's Name _____ D.O.B. _____ M F
 Home Address _____
 City _____ State _____ Zip Code _____
 Home Phone# _____ Cell Phone# _____
 Email Address : _____ @ _____
 Pharmacy _____ Location _____ Ph. _____

Sibling Information

Name _____ D.O.B. _____ M F
 Name _____ D.O.B. _____ M F
 Name _____ D.O.B. _____ M F

Parent Information

Mother's Name _____ Father's Name _____
 Employer _____ Employer _____
 Occupation _____ Occupation _____
 Driver's Lic. State # _____ Driver's Lic. State # _____
 Please Circle Parents Status: Married Single Widowed Separated Divorced

PRIMARY Insurance Holder Name: _____ **D.O.B.** _____

**** **PRIMARY Insurance Holder SSN:** _____ - _____ - _____ **PRIMARY Insurance:** _____

Member ID: _____ **Group Number:** _____

Medical History Form

Birth History:

Birth Weight: _____ lbs. _____ ozs. Vaginal Delivery _____ C section _____

Past Medical History:

Date of last check-up: _____ Where? _____
 Previous Hospitalizations: _____
 Previous Surgeries: _____ When? _____
 Medical Conditions: (e.g. asthma, diabetes) _____
 Allergies: (medications and/or foods) _____

Social & Family History:

Smokers in household: no yes Animals in household: no yes Kind? _____
 Is child in daycare: no yes

Family Birth Defects:

Family Member	Asthma	Heart disease	High Blood Pressure	Cancer	Diabetes	Allergies	Seizures	Liver disease	Sickle cell anemia	other
Mother										
Father										
Sibling										
Paternal Grandfather										
Paternal Grandmother										
Maternal Grandfather										
Maternal Grandmother										

It is the parent/ guardian's sole responsibility to provide and maintain current contact information to Kids Choice Pediatrics to insure contact can be made regarding your child. This includes but is not limited to current phone numbers, mailing address, and physical address. If all information is true and accurate please sign below.

Parent/ guardian signature X _____