



Patient and Family Information

Child 1: Last Name: _____ First Name: _____ MI: _____

DOB: ____/____/____ Sex: M / F Preferred Language: _____

Race: African American American Indian or Native Alaskan Asian

Hawaiian or Pacific Islander White Other Decline

Ethnicity: Hispanic/Latino Non-Hispanic/Latino Unknown Decline

Child 2: Last Name: _____ First Name: _____ MI: _____

DOB: ____/____/____ Sex: M / F Preferred Language: _____

Race: African American American Indian or Native Alaskan Asian

Hawaiian or Pacific Islander White Other Decline

Ethnicity: Hispanic/Latino Non-Hispanic/Latino Unknown Decline

Child 3: Last Name: _____ First Name: _____ MI: _____

DOB: ____/____/____ Sex: M / F Preferred Language: _____

Race: African American American Indian or Native Alaskan Asian

Hawaiian or Pacific Islander White Other Decline

Ethnicity: Hispanic/Latino Non-Hispanic/Latino Unknown Decline

Child 4: Last Name: _____ First Name: _____ MI: _____

DOB: ____/____/____ Sex: M / F Preferred Language: _____

Race: African American American Indian or Native Alaskan Asian

Hawaiian or Pacific Islander White Other Decline

Ethnicity: Hispanic/Latino Non-Hispanic/Latino Unknown Decline

Pharmacy Name: _____ Pharmacy Phone #: _____

Child(ren)'s parents are: Married Divorced Never Married Separated Widow(er) Other

Custodial Parent (Patient lives with this parent):

Name: _____ Relationship to Patient: _____

DOB: ____/____/____ Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

Employer: _____ Occupation: _____

Best number to reach me is: Home Cell Work

Goldstar Pediatrics may contact me via: Home Cell Work Email Portal

Goldstar Pediatrics may leave messages or lab results via: Home Cell Work Email
 Portal Initials _____

Home address:

(Street) (City/State/Zip)

Guarantor (Bill this parent):

Name: _____ Relationship to Patient: _____

DOB: ____/____/____ Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

Employer: _____ Occupation: _____

Best number to reach me is: Home Cell Work

Goldstar Pediatrics may contact me via: Home Cell Work Email Portal

Goldstar Pediatrics may leave messages or lab results via: Home Cell Work Email
 Portal Initials _____

If you do not live with the patient, please provide the address (please disregard if same as Custodial Parent):

(Street) (City/State/Zip)

Would you like to sign up for My Kid's Chart, our patient portal, so you can securely view and print your child's medical record online? We will email you the link so you can sign up. Yes No

If yes, please provide email address and write legibly: _____

Additional Contact Questions:

Who should receive billing statements? _____

May all contacts have access to the patient's records? Yes / No

If parents are divorced or separated please fill out this section:

Who has custody? _____

Are there any legal restrictions that would restrict the non-custodial parent from consenting to medical treatment for the child or from obtaining information about the child's medical treatment? Yes / No

If yes, please explain and provide a copy of any legal paperwork that supports this restriction.

Emergency Contacts, other than parents. Name & Relationship:

Name: _____ Phone: _____

Name: _____ Phone: _____