

**OPEN DOOR COMMUNITY HEALTH CENTERS
PEDS PATIENT INFORMATION**

Child's Legal Last Name: _____ Child's Legal First Name: _____ MI: _ Child's Preferred Name: _____ Pronouns: _____

Child's Social Security Number: _____ Sex: ☐ Male ☐ Female ☐ X Gender: ☐ Male ☐ Female ☐ Trans Male ☐

Trans Female ☐ Other ☐ Nonbinary / Genderqueer ☐ Questioning ☐ Choose not to disclose

Child's Date of Birth: _____ Other names child may have used: _____ Address (Mailing): _____ City: _____ Zip Code: _____

Telephone: _____ May we contact you at home? ☐ Yes ☐ No Other _____

Contact: ☐ Cell Phone ☐ Work Phone ☐ Message Phone _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Race: ☐ White ☐ Asian ☐ American Indian ☐ African American ☐ Pacific Islander ☐ Alaskan Native ☐ Unknown

Preferred Communication: ☐ No preference ☐ Mail ☐ Phone ☐ MyChart

Emergency Contact Information (for patient, or for responsible party if patient is a minor): Emergency Contact

Name: _____ Phone #: _____ Relationship to Patient: ☐ Spouse ☐ Mother ☐

Father ☐ Grandparent ☐ Other: _____

Mother/Legal Guardian: _____ DOB: _____

Mother's SSN: _____ Mother's Maiden Name: _____

Cell Phone: _____ Home Phone: _____

Address (mailing): _____ City: _____ Zip

Code: _____

Office Use Only: Entered by: _____ Date: _____ MRN#: _____ ODCHC Form #11P (Rev 08/21 SM)
Father/Legal Guardian: _____ DOB: _____

Father's

SSN:

Cell Phone:

Home Phone:

Address (mailing): City: Zip

Code: Are Interpreter Services Needed? ☐ Yes ☐ No

Primary Language: ☐ English ☐ Spanish ☐ Hmong ☐ Other:

Guarantor Information (The person responsible for payment, example: a parent for a patient under 18 years of age) Last Name:

First Name: MI: Billing Address: ☐

same as above City/Zip: Relationship to Patient: ☐ Self ☐ Parent

☐ Other: Social Security

Number: Gender: ☐ Male ☐ Female ☐ X

Date of Birth: Telephone:

Insurance Name:

Insurance ID Number: Issue Date:

Where do you currently live?: ☐ In my home or apartment ☐ At a shelter ☐

Staying with others

☐ In transitional housing ☐ The street, a camp, under a bridge, or in a car

Migrant Status: ☐ Migrant ☐ Seasonal ☐ Neither

Office Use Only: Entered by: _ Date: _ MRN#: _ ODCHC Form #11P (Rev 08/21 SM)