

Patient Demographic Sheet



Healthy Children Pediatrics LLC
1655 Straits Tpke, Middlebury, CT 06702
Tel: (203)-527-4868 Fax(203)-527-5144

Date: _____

Best Contact Number to Reach You: _____

Patient Information: Please List All Children in the Family (Transferring into practice)

Last	First	Middle	Birth Date	Gender	Race	Nickname
1.						
2.						
3.						
4.						
5.						
6.						

Guarantor (Parent Responsible for Payment)

Full Legal Name: _____
Male or Female (circle one)

Date of Birth: _____

Relation: _____

Preferred Language: _____

Insurance Name: _____

Insurance ID #: _____

Insurance Group # (if applicable): _____

Home Address: _____

City, State, Zip: _____

Cell Phone: () _____

Home Phone: () _____

Work Phone: () _____

E-mail: _____

Emergency Contact #: _____

Emergency Name & Relation: _____

Other Parent or Guardian

Full Legal Name: _____
Male or Female (circle one)

Date of Birth: _____

Relation: _____

Home Address (If the same, leave blank):

Cell Phone: () _____

Home Phone: () _____

Work Phone: () _____

E-mail: _____