East Portland Pediatric Clinic, P.C. Patient Registration Form

Parent or Guardian Information

			-			Lives with Pt?
Parent/Guardian (<i>Primary Contact</i>	t) Legal Name	Relation to Patien	t Birtho	ate SS	SN	[] Yes [] No
	[] Cell		[] Ce			[] Cell
Duefermed Dhane #	[] Home	and Dhana #	[] Ho		au Dhana #	[] Home
Preferred Phone #	[] Work Sec	cond Phone #	[] Wo	ork Othe	er Phone #	[] Work
			-	-		Lives with Pt? [] Yes [] No
Parent/Guardian (Secondary Cont	act) Legal Name	Relation to Patien	t Birthd		5N	[] Cell
	[] Home		[] Ce			[] Home
Preferred Phone #		cond Phone #	[] Wo		er Phone #	[] Work
Preferred email address (print clearly)					
,						
Appointment reminders-	we will attem	pt to call you to	remind you	u of upcom	ing appointm	ents.
If you wish to receive an a	dditional autor	nated reminder p	lease choose	e only one o	f the options be	low.
[] Text #						
[] Phone call #						
[] email as written above	<u></u>					
Primary Address for all ch	nildren listed b	elow				
,						
Chunch Addunce				Λ		
Street Address				Ар	Σ	
City		State		Ziį	р	
Patient Information –list	all children wh	no are or will be	seen at ou	r clinic		
					[] Male	
Legal First Name	Legal Last Na	ame	Birtl	ndate	[] Female	Doctor
			Preferred	f1= !: !	[] 0:1	
*Ethnicity: [] Hispanic or La	tino [] Not Hi	spanic or Latino	Language:	[] English	[] Other:	
*Race: [] American Indian	or Alaskan Nati	ive [] Asiar	n [] Blac	k or African	American	
[] Native Hawaiian	or Other Pacific	: Islander [] W	/hite			
					[] Male	
Legal First Name	Legal Last N	ame	1	 ndate	[] Female	Doctor
Legal First Name *Ethnicity: [] Hispanic or La			Birtl Preferred Language:			Doctor
_	itino [] Not Hi	spanic or Latino	Preferred Language:		[] Female	Doctor
*Ethnicity: [] Hispanic or La	tino [] Not Hi	spanic or Latino	Preferred Language:	[] English	[] Female	Doctor
*Ethnicity: [] Hispanic or La *Race: [] American Indian	tino [] Not Hi	spanic or Latino	Preferred Language:	[] English	[] Female [] Other: American	Doctor
*Ethnicity: [] Hispanic or La *Race: [] American Indian [] Native Hawaiian	or Alaskan Nati or Other Pacific	spanic or Latino ive [] Asiar c Islander [] W	Preferred Language: n [] Black hite	[] English k or African a	[] Female [] Other: American [] Male	
*Ethnicity: [] Hispanic or La *Race: [] American Indian	tino [] Not Hi	spanic or Latino ive [] Asiar c Islander [] W	Preferred Language: n [] Black hite	[] English	[] Female [] Other: American	Doctor
*Ethnicity: [] Hispanic or La *Race: [] American Indian [] Native Hawaiian	or Alaskan Nati or Other Pacific Legal Last N	spanic or Latino ive [] Asiar c Islander [] W	Preferred Language: n [] Black hite	[] English k or African a	[] Female [] Other: American [] Male [] Female	
*Ethnicity: [] Hispanic or La *Race: [] American Indian [] Native Hawaiian Legal First Name	or Alaskan Nation Other Pacific Legal Last Nation Not Hi or Alaskan Nation	spanic or Latino ive [] Asiar c Islander [] W ame spanic or Latino ive [] Asiar	Preferred Language: (hite Birth Preferred Language: (1) Black	[] English k or African a	[] Female [] Other: American [] Male [] Female [] Other:	

PLEASE CONTINUE & SIGN OTHER SIDE

For more children please ask for another sheet.

^{*}This is information that we are required to ask as part of our involvement in health care reform initiatives. Thank you for your cooperation.

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Emergency Contact Information – Please list a friend or relative NOT living with you. For emergency use only.

Name	Relation	Phone

Privacy Practices

I acknowledge that the Physician's Notice of Privacy Practices has been offered to me. The Notice of Privacy Practices provides detailed information about how the practice may use and disclose my or my child's confidential information. I understand that the physician has reserved the right to change his or her privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be provided to me or made available to me.

Financial Policy

I acknowledge that I am aware of East Portland Pediatric Clinic's financial policy and will be given a copy upon request.

Permission to Treat

I hereby authorize the physicians of East Portland Pediatric Clinic, P.C. to provide such medical services, regular or emergency, as may be determined to be in the best interest of those members of my immediate family, as listed above, who are minors. This authorization shall continue and be in full force and effect until revoked in writing by me.

Signature			Relationship to Patient	Date	
How did you hear a	about our clinic? Plea	ase check all that apply	.		
[] Friend	[] Web search	[] OB-Gyn	[] Other child alrea	[] Other child already a patient	
[] Family	[] Hospital	[] Advertisement	[] Insurance compa	ny	
[] Parent seen here as child [] Established Fam		у			
			Updated	Scanned	