# 2018 Dakota Child and Family Clinic 2018

## Registration Information

**PATIENT** FIRST NAME | M.I. | LAST NAME | BIRTHDATE | ☐ MALE ☐ FEMALE

CELL # detailed voicemail ok? ❑ | HOME # detailed voicemail ok? ❑ | WORK # detailed voicemail ok? ❑ | **PREFERRED METHOD OF CONTACT** ☐ HOME ☐ CELL ☐ WORK

EMAIL

HOME ADDRESS | APT # | CITY | STATE | ZIP

**1) GUARDIAN** NAME & RELATION | 1) GUARDIAN'S BIRTHDATE | **2) GUARDIAN** NAME / RELATION | 2) GUARDIAN'S BIRTHDATE

**INSURANCE INFORMATION** (if you provided your current insurance card(s) at arrival you may skip this section)

**PRIMARY** INSURANCE | IDENTIFICATION NUMBER | GROUP NUMBER

SUBSCRIBER NAME | BIRTHDATE | PRIMARY PHONE # | ☐ MALE ☐ FEMALE

SUBSCRIBER HOME ADDRESS | CITY | STATE | ZIP

**SECONDARY** INSURANCE | IDENTIFICATION NUMBER | GROUP NUMBER

SUBSCRIBER NAME | BIRTHDATE | PRIMARY PHONE # | ☐ MALE ☐ FEMALE

SUBSCRIBER HOME ADDRESS | CITY | STATE | ZIP

**RESPONSIBLE PARTY INFORMATION** (GUARANTOR)

**RELATIONSHIP TO RESPONSIBLE PARTY** ☐SELF ☐CHILD ☐SPOUSE ☐OTHER | FIRST NAME | M.I. | LAST NAME

HOME ADDRESS | CITY | STATE | ZIP

BIRTHDATE | ☐ MALE ☐ FEMALE | PRIMARY PHONE # | SECONDARY PHONE #

**ADDITIONAL INFORMATION**

COUNTRY OF BIRTH | PREFERRED LANGUAGE

RACE/ETHNICITY

- ❑ AMERICAN INDIAN OR ALASKA NATIVE
- ❑ BLACK OR AFRICAN AMERICAN
- ❑ WHITE
- ❑ HISPANIC OR LATINO
- ❑ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- ❑ **[PREFER NOT TO DISCLOSE]**
- ❑ ASIAN

PREFFERED PHARMACY (INCLUDING CITY AND STREET LOCATION) | PHONE #

**EMERGENCY CONTACT** FIRST NAME | LAST NAME | RELATIONSHIP TO PATIENT | PRIMARY PHONE #

SIGNATURE | RELATIONSHIP TO PATIENT ❑ SELF ❑ GUARDIAN | TODAY'S DATE