

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  M  F

**Please list siblings oldest to youngest:**

 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  M  F

 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  M  F

 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  M  F

 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  M  F

**ADDRESS:** \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CHILD LIVES WITH:**  Both Parents (**Together**)  Both Parents (**Separately/Joint custody**) (*Who is primary?* \_\_\_\_\_)  
 Mother Only  Father Only  Other \_\_\_\_\_

**CHILD'S ETHNICITY:**  Hispanic/Latino  Not Hispanic/Latino  Decline to answer

**CHILD'S RACE(S) (PLEASE MARK ALL THAT APPLY):**  African American / Black  Alaska Native or Native American  Asian  
 Caucasian / White  Pacific Islander  Decline to answer

**CHILD'S PRIMARY LANGUAGE(S):** 1. \_\_\_\_\_ 2. \_\_\_\_\_

**FATHER**  Birth Parent  Adoptive Parent  Step Parent  
 Foster Parent  Other \_\_\_\_\_

**MOTHER**  Birth Parent  Adoptive Parent  Step Parent  
 Foster Parent  Other \_\_\_\_\_

Nickname: \_\_\_\_\_

Nickname: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail: \* \_\_\_\_\_

E-Mail: \* \_\_\_\_\_

\*E-mail is for portal use only. We do not communicate via e-mail

**Assignment and Release:** I hereby authorize insurance benefits to be paid directly to the physician. I attest that the above information is complete and accurate.

**Printed Name of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

**How did you hear about us?**  Facebook  Google  Office Website  Friends/Family \_\_\_\_\_  
 Internet  Insurance  Hospital  Advertisement  Other \_\_\_\_\_



I hereby give my consent to Palatine Pediatrics to use or disclose, for the purpose of carrying out treatment, payment, or health care operations, all information contained in my children's records (list all):

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I acknowledge receipt of the physician's Notice of Privacy Practices. The Notice of Privacy Practices provides detailed information about how the practice may use and disclose their confidential information.

I understand that the physician has reserved his/her privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be provided to me when available.

I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so to the physician. I also understand that I will not be able to revoke this consent in cases where my physician has already relied on it to use or disclose my health information. Written revocation of consent must be sent to the physician's office.

**Fax Waiver**

I understand that Palatine Pediatrics, under the direction of the physician, may need to transmit medical information for my children via fax. I understand that Palatine Pediatrics takes every measure possible to ensure that the transmission is received by the intended individual. However, if someone may receive the transmission in error, I will not hold Palatine Pediatrics or the physician liable. I have been informed that all of the transmissions are sent with a fax cover page that does have a confidentiality statement.

Parent/Legal Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_