

Charleston Pediatrics and Behavioral Health 2018 Update

Patient Information

Last Name: _____ Sex: Male _____ Female _____ Date of Birth: ___/___/___ Age: ___

First Name: _____ Preferred Name: _____

18 years and older patients cell# (____) _____ **18 years and older email:** _____

Address: _____ City: _____ State: ___ Zip: _____

***May we leave a message about appointments and/or normal test results on the phone numbers you provided? Y ___ N ___**

Race: Caucasian African American Asian Native American Hispanic Other

Preferred Pharmacy Name: _____ Address: _____ Phone: (____) _____

******Emergency Contact Name (other than parent)** _____ **Relationship:** _____

Phone: (____) _____ **or** (____) _____ ********

Siblings

Last Name: _____ First name: _____ DOB: ___/___/___ M ___ F ___

Preferred Name: _____

Last Name: _____ First name: _____ DOB: ___/___/___ M ___ F ___

Preferred Name: _____

Last Name: _____ First name: _____ DOB: ___/___/___ M ___ F ___

Preferred Name: _____

Mother/ Father/ Other Information

Parent: Last Name: _____ First Name: _____ Middle: ___ Mr. Mrs. Miss. Ms.

Date of Birth: ___/___/___ Age: ___ Email Address: _____

Address (If different from Patient): _____ City: _____ State: ___ Zip: _____

Employment: _____ Work Phone: (____) _____

Cell Phone: (____) _____ Home Phone: (____) _____

****Financially Responsible: Yes No**

Parent: Last Name: _____ First Name: _____ Middle: ___ Mr. Mrs. Miss. Ms.

Date of Birth: ___/___/___ Age: ___ Email Address: _____

Address (If different from Patient): _____ City: _____ State: ___ Zip: _____

Employment: _____ Work Phone: (____) _____

Cell Phone: (____) _____ Home Phone: (____) _____

****Financially Responsible: Yes No**

Parent: Last Name: _____ First Name: _____ Middle: ___ Mr. Mrs. Miss. Ms.

Date of Birth: ___/___/___ Age: ___ Email Address: _____

Address (If different from Patient): _____ City: _____ State: ___ Zip: _____

Employment: _____ Work Phone: (____) _____

Cell Phone: (____) _____ Home Phone: (____) _____

****Financially Responsible: Yes No**

