

Welcome to WUCA Northwest Pediatrics

Please tell us how you heard about our practice

Friend [ ] Relative [ ] Website [ ] OB/Physician [ ] Advertisement [ ] Insurance [ ] Other (please specify)

Patient's Name \_\_\_\_\_ Last First Middle \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Patient's Social Security Number \_\_\_\_\_ Ethnicity \_\_\_\_\_

Race \_\_\_\_\_ Language preferred \_\_\_\_\_

Interpreter needed? Y \_\_\_\_\_ N \_\_\_\_\_

Patient's Gender \_\_\_\_\_ Preferred pronouns \_\_\_\_\_ Patient's Cell ( ) \_\_\_\_\_ School \_\_\_\_\_

Patient's siblings: DOB	Gender	preferred pronoun	Child's full name
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

\*\*\*\*\*

Parent #1 \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to patient: parent/guardian/other \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Parent #2 \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to patient: parent/guardian /other \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Add'l. Parent(s) \_\_\_\_\_

Relationship to patient: parent/guardian/other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Emergency Contact (other than parents above):

Name \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_