

Family Data Sheet - Genesis Pediatrics, LLC

Mother's Name _____		(Please complete if applicable)	
Mother's Address _____		Stepfather's Name _____	
Zip _____		Zip _____	
Phone _____ DOB _____		Phone _____ DOB _____	
Mother's Employer _____		Stepfather's Employer _____	
Work # _____ Cell # _____		Work # _____ Cell # _____	
Email _____		Email _____	

Father's Name _____		(Please complete if applicable)	
Father's Address _____		Stepmother's Name _____	
Zip _____		Zip _____	
Phone _____ DOB _____		Phone _____ DOB _____	
Father's Employer _____		Stepmother's Employer _____	
Work # _____ Cell # _____		Work # _____ Cell # _____	
Email _____		Email _____	

Child Name	DOB	Child Cell # 13 yr & over	Primary Language	Race*	Ethnicity*	Lives with:	(Circle All That Apply)		
						Both Parents	Mother	Father	Guardian:(Provide legal paperwork)
						Both Parents	Mother	Father	Guardian:(Provide legal paperwork)
						Both Parents	Mother	Father	Guardian:(Provide legal paperwork)
						Both Parents	Mother	Father	Guardian:(Provide legal paperwork)
						Both Parents	Mother	Father	Guardian:(Provide legal paperwork)
						Both Parents	Mother	Father	Guardian:(Provide legal paperwork)
						Both Parents	Mother	Father	Guardian:(Provide legal paperwork)

* Race: White, Black/AM, American Indian, Alaska Native, Asian, Native Hawaiian or other spec. islander, Other

* Ethnicity: Spanish/Hispanic Y or N

If guardian: Name _____ Relationship _____
Address _____ City/State/Zip _____ Phone _____

If parents are divorced/not married who has legal responsibility for the health insurance coverage for the child(ren)?
(Please provide appropriate legal paperwork)

Name _____ Relationship _____

Address _____ City/State/Zip _____ Phone _____

Primary Insurance Information: **Subscriber Name:** _____

DOB: _____ **Phone:** _____ **Insurance Co:** _____

List anyone who is authorized (other than parent/guardian) to:

#1. Schedule and attend appointments;
 Receive and provide disclosure of medical and financial information;
 Make medical decisions

#2. Be used as an emergency contact

#3. All of the above

Please identify which # applies to the individual. (This may include step parents, grandparents, babysitters, etc.)

Name	Relationship	Phone #(s)	#
Name	Relationship	Phone #(s)	#
Name	Relationship	Phone #(s)	#

Acknowledgement of Receipt of Notice of Privacy Practices
 (HIPAA Requirement)

By signing below, I hereby acknowledge that I was provided a copy of the Notice of Privacy Practices for Genesis Pediatrics, LLC.

Parent/Legal Guardian Signature: _____ **Date:** _____