



138 Old San Antonio Rd, #101, Boerne, Texas 78006

Ph: 830-35502343 Fax: 830-268-8711

Patient and Family Information

Child 1: Last Name: _____ First Name: _____ MI: _____

DOB: __/__/__ Sex: M / F Preferred Language: _____

Race:

- ☐ African American ☐ Native Indian/ Alaskan ☐ Asian ☐ Caucasian
☐ Hawaiian or Pacific Islander ☐ Other _____ ☐ Decline

Ethnicity:

- ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Unknown ☐ Decline

Child 2: Last Name: _____ First Name: _____ MI: _____

DOB: __/__/__ Sex: M / F Preferred Language: _____

Race:

- ☐ African American ☐ Native Indian/ Alaskan ☐ Asian ☐ Caucasian
☐ Hawaiian or Pacific Islander ☐ Other _____ ☐ Decline

Ethnicity:

- ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Unknown ☐ Decline

Child 3: Last Name: _____ First Name: _____ MI: _____

DOB: __/__/__ Sex: M / F Preferred Language: _____

Race:

- ☐ African American ☐ Native Indian/ Alaskan ☐ Asian ☐ Caucasian
☐ Hawaiian or Pacific Islander ☐ Other _____ ☐ Decline

Ethnicity:

- ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Unknown ☐ Decline

Pharmacy Name: _____ Pharmacy Phone #: _____

Address: _____

Parent/Legal Guardian #1:

Child(ren)'s parents are:

☐ Married ☐ Divorced ☐ Never Married ☐ Separated ☐ Widow(er)

Name: _____ Relationship to Patient: _____

DOB: __/__/__ Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

Employer: _____ Occupation: _____

Best number to reach me is: ☐ Home ☐ Cell ☐ Work

Pediatrics of Boerne may contact me via: ☐ Home ☐ Cell ☐ Work

Pediatrics of Boerne may leave messages or lab results via: ☐ Home ☐ Cell ☐ Work

Lives with patient? Yes / No

Address: (House/Apt#/Street) (City/State/Zip)

Parent/Legal Guardian #2:

Child(ren)'s parents are:

☐ Married ☐ Divorced ☐ Never Married ☐ Separated ☐ Widow(er)

Name: _____ Relationship to Patient: _____

DOB: __/__/__ Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

Employer: _____ Occupation: _____

Best number to reach me is: ☐ Home ☐ Cell ☐ Work

Pediatrics of Boerne may contact me via: ☐ Home ☐ Cell ☐ Work

Pediatrics of Boerne may leave messages or lab results via: ☐ Home ☐ Cell ☐ Work

Lives with patient? Yes / No

Address: *(House/Apt#/Street)*

(City/State/Zip)

Additional Contact Questions:

Who should receive billing statements? _____

May all contacts have access to the patient's records? Yes / No

If parents are divorced, separated or unmarried, please fill out this section:

Who has custody? _____

Are there any legal restrictions that would restrict the non-custodial parent from consenting to medical treatment for the child or from obtaining information about the child's medical treatment? _____ Yes / No

If yes, please explain and provide a copy of any legal paperwork that supports this restriction.

Emergency Contacts, other than parents.

Name: _____ Relationship: _____ Phone: _____

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Note: It is the Guardian's responsibility to update any demographics(address, phone, pharmacy, etc) as needed so that Pediatrics of Boerne has the most up to date information.