

Welcome to **Pacific Pediatrics!**

It is our pleasure to assist you in obtaining the best health in your child. To do this we need some information from you.

Please take the time to complete this **Demographic Form** for us to enter into your child's electronic chart.



Thank you.

Last name First name Middle name(s)

Birthdate Care card # (PHN)
mm/dd/yy 9

Address

Phone (H) Phone (C) Phone (W)

Email (1) Email (2)

Mothers full name Mothers occupation

Fathers full name Fathers occupation

Guardians full name (if applicable) Name of current school

Main reason for attending today

Family physician (first & last name) Specialists your child is currently know
seeing (name / specialty)

Address (if known) (Include physicians, therapists, group
services)

Your chosen pharmacy (for prescriptions to be sent to):

Your child's siblings
(names / age)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Household members (List):