



## Healthy Kids Clinic Registration Form

District: \_\_\_\_\_

School: \_\_\_\_\_

(2016-2017 School Year)

### PATIENT INFORMATION

**Please complete the following information about your child:**

<b>PATIENT INFORMATION</b>					
<b>Please complete the following information about your child:</b>					
Patient's Last Name:		First:	Middle:	Date of Birth:	Social Security Number:
Mother's First and Last Name:	Father's First and Last Name:	Who is legal guardian? (if foster child, list social worker)		Child's Last Name at Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:			P.O. Box:		
City:		State:	ZIP Code:		
Home Phone Number:		Cell Phone Number:		Employer Phone Number:	
Emergency/Secondary Contact Name:		Emergency/Secondary Contact Number:		Relationship to Child:	
What pharmacy do you use?			City/Phone:		
Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____					
Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander					
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					
How many people live in your home?			What is your annual household income?		
<b>MEDICAL INSURANCE INFORMATION</b>					
<b>If your child has a Medicaid card, KCHIP card, or private insurance, please complete the information below.</b>					
Insurance Company Name:		Insurance Company Address:		Insurance Company Phone Number:	
ID Number:			Group Number:		
Whose name is on the policy?		Policy Holder's Date of Birth:		Relationship to Patient:	

*I give consent to Cumberland Family Medical Center, Inc. School Based Health Center (hereinafter CFMC SBHC) staff to review my child's school record, including attendance and other information, if applicable, that will assist the staff in helping my child. I understand that Cumberland Family Medical Center, Inc. shall provide a copy of its Notice of Privacy Practices upon my request, which is also available at [www.cumberlandfamilymedical.com](http://www.cumberlandfamilymedical.com).*