



Patient Demographic Sheet

Healthy Children Pediatrics LLC
1655 Straits Tpke, Middlebury, CT 06702
Tel: (203)-527-4868 Fax(203)-527-5144

Date: _____

Annual Verification/Date/initials _____

Best Contact Number to Reach You: _____

Patient Information: Please List All Children in the Family

	Last	First	Middle	Birthdate	Gender	Race	Nickname
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____

Guarantor (**Parent Responsible for Payment**)

Other Parent

Full Legal Name _____
Male or Female (circle one)

Male or Female (circle one)

Birthdate _____

Preferred Language _____

Insurance Name _____

Insurance ID # _____

Insurance Group # (if applicable) _____

Insurance Guarantor _____

Home Address _____

City, State, Zip _____

Home Phone () _____

Work Phone () _____

Cell Phone () _____

E-mail _____

Emergency Contact _____ Relationship _____