

FAMILY DATA FORM – TRINITY PEDIATRICS

| | |
|----------------------|----------------------|
| Mother's Name | Father's Name |
| Address | (If different) |
| | |
| Primary Phone | Primary Phone |
| Alternate Phone | Alternate Phone |
| Occupation | Occupation |
| Employer | Employer |
| Email | Email |

Please Circle: MARRIED IN RELATIONSHIP SEPERATED DIVORCED

If parents are separated/divorced or do not reside together, please indicate custodial and/or living arrangements:

If parents are separated/divorced or not married, who has the legal responsibility for health insurance coverage:

| | |
|----------|---------------|
| Name: | Phone: |
| Address: | Relationship: |

| | |
|---------------------|----------------------|
| Primary Insurance | Policy Holder's Name |
| Policy Holder's DOB | Policy Holder's SS# |
| ID# | Group # |
| | Effective Date |

Please make sure Dr. Gloria Roetzer is listed as child's Primary Care Provider

| | |
|---------------------|----------------------|
| Secondary Insurance | Policy Holder's Name |
| Policy Holder's DOB | Policy Holder's SS# |
| ID# | Group # |
| | Effective Date |

PHARMACY Name and Address:

| Child Name <small>Print on back for more blessings</small> | DOB <small>mm-dd-yyyy</small> | Primary Language | Race | Ethnicity | Lives with: <small>Circle all that apply</small> |
|---|----------------------------------|------------------|------|-----------|---|
| | | | | | Mother Father Guardian |
| | | | | | Mother Father Guardian |
| | | | | | Mother Father Guardian |
| | | | | | Mother Father Guardian |
| | | | | | Mother Father Guardian |

List below any authorized individual(s) other than parent/guardian. (Stepparents, grandparents, babysitters, etc.)

| Name | Relationship | Phone # | Authorized to: Circle all that apply |
|------|--------------|---------|--|
| | | | Schedule/attend appt. Make medical decisions Emergency Contact Receive/Provide medical and financial info. |
| | | | Schedule/attend appt. Make medical decisions Emergency Contact Receive/Provide medical and financial info. |

Parent Signature: _____

Date _____

