Minor Patient Demographic Form – Consent to Treat a Minor

MINOR PATIENT INFORMATION

Last Name	First Name	Middle Initial	Nickname/AKA

Date of Birth	Social Security Number	Gender ❑ Male ❑ Female

Race (Optional) ❑ Black – Non-Hispanic ❑ Caucasian – Non-Hispanic ❑ Hispanic ❑ American Indian/ Alaskan Native ❑ Asian ❑ Pacific Islander ❑ Other

Home Address	Apt #	City	State	Zip Code

Home Phone ( )	Name of school (if applicable)	❑ Student Full-Time ❑ Student Part-Time

GUARANTOR / GUARDIAN INFORMATION (Person who receives the bill after insurance)

Last name	First Name	Phone ( )

Home Address	Apt #	City	State	Zip Code

Date of Birth	Social Security Number	Relationship to Patient ❑ Parent ❑ Legal Guardian

INSURED PARTY (Person who is primary insurance holder)

Relationship to Patient

❑ **Self (Medicaid/Medicare/Commercial Insurance)** Continue to Next Section ❑ **Self Pay (No Insurance)** Continue to Next Section ❑ **Parent / Legal Guardian**

Last Name	First Name	Middle Initial

Date of Birth	Social Security Number	Gender ❑ Male ❑ Female

Home Address	Apt #	City	State	Zip Code

Home Phone ( )	Work Phone ( )	Cell Phone ( )

Employer	Employment Status ❑ Active Duty Military ❑ Disabled ❑ Not Employed ❑ Employed Full-Time ❑ Employed Part-Time ❑ Homemaker ❑ Retired ❑ Self Employed ❑ Student Full-Time ❑ Student Part-Time ❑ Other

Employer Address	City	State	Zip Code

LEGAL GUARDIAN – LIVING WITH OR WITHOUT PATIENT

Last Name	First Name	❑ Parent / Legal Guardian ❑ Other _____

Address	Apt #	City	State	Zip Code

Home Phone ( )	Work Phone ( )	Cell Phone ( )	Use as Emergency Contact ❑

PERSON OTHER THAN GUARDIAN THAT HAS CONSENT TO TREAT CHILD

Last Name	First Name	❑ Parent / Legal Guardian ❑ Other _____

Home Phone ( )	Work Phone ( )	Cell Phone ( )	Use as Emergency Contact ❑

PERSON OTHER THAN GUARDIAN THAT HAS CONSENT TO TREAT CHILD

Last Name	First Name	❑ Parent / Legal Guardian ❑ Other _____

Home Phone ( )	Work Phone ( )	Cell Phone ( )	Use as Emergency Contact ❑

Signature of Parent or Legal Guardian _____ **Date** _____