

Patient Name: _____

Chart #: _____

**NEW HOPE CHILDREN'S CLINIC
MEDICAL/DENTAL/VISION CONSENT FORM**

Patient's Full Name: _____ Goes by: _____

First Name Middle Name Last Name

Address(es) where Patient lives: _____

Zip: _____

Zip: _____

Contact Phone Numbers:

Phone Number: _____ (Home/Cell/Work) Whose Number is this? (Give Name) _____

Parent Email Address: _____

Patient's Sex: M F **Date of Birth** ____/____/____ **Social Security #** _____

Current School: _____

Parents or Legal Guardians : _____

Address (if different from where Patient lives) _____

Zip: _____

Brothers and Sisters: Names and Ages: _____

Insurance Information:

My child has Medicaid: ____ Yes ____ No Medicaid number _____

My child as AllKIDS: ____ Yes ____ No AllKIDS number _____

My child has other insurance: _____

(Blue Cross/Blue Shield, United, other. GIVE NAME OF COMPANY)

Insurance Contract #: _____ Group #: _____

Insured Person's Name: _____ Relationship to patient: _____

Insured is employed by: _____

Is dental care included: ____ Yes ____ No Insured's Date of Birth: _____

Insured's SS# _____

Emergency Contacts/ Persons Authorized to receive Information/Can transport Patient to Clinic:

The following people may be contacted if immediate family cannot be reached and there is an urgent problem:

Name: _____ Relationship to Child: _____

Daytime phone: _____ Other #: _____

Name: _____ Relationship to Child: _____

Daytime phone: _____ Other #: _____

Name: _____ Relationship to Child: _____

Daytime phone: _____ Other #: _____

Name: _____ Relationship to Child: _____

Daytime phone: _____ Other #: _____

NAME OF PHARMACY TO FAX PRESCRIPTIONS: _____

(We are REQUIRED to collect the following information for the Electronic Health Records Incentive Program)

Ethnicity: Please check ONE ____ Hispanic or Latino ____ NOT Hispanic or Latino ____ Unknown

Race: Please check ONE ____ American Indian or Alaska Native ____ Asian ____ Black or African American

____ Native Hawaiian or Other Pacific Islander ____ White ____ Unknown