

**McLAREN MEDICAL GROUP  
CHILD/ADOLESCENT REGISTRATION**

Language Preference:  English  
 Other specify: \_\_\_\_\_

**PATIENT INFORMATION**

PATIENT NAME (Last) (First) (Middle)			<input type="checkbox"/> Male <input type="checkbox"/> Female	LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> German <input type="checkbox"/> Polish <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Chinese <input type="checkbox"/> Declined	ETHNICITY: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Unknown	RACE: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White Caucasian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unknown or Decline to Answer
ADDRESS		CITY	STATE	ZIP CODE		
TELEPHONE ( )	SS#	BIRTH DATE				
PRIMARY CARE PHYSICIAN		REFERRED OR RECOMMENDED BY				

**PARENT/GUARDIAN** \_\_\_\_\_  
RELATIONSHIP

**PARENT/GUARDIAN** \_\_\_\_\_  
RELATIONSHIP

For appointment reminders only, use phone number \_\_\_\_\_ and E-mail \_\_\_\_\_

For leaving a message, use phone number \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

NAME	
ADDRESS	
CITY	STATE ZIP
TELEPHONE ( )	BIRTH DATE
SS#	CELL PHONE
E-MAIL ADDRESS	
EMPLOYER	OCCUPATION
EMPLOYER ADDRESS	
EMPLOYER TELEPHONE ( )	HOW LONG EMPLOYED

NAME	
ADDRESS	
CITY	STATE ZIP
TELEPHONE ( )	BIRTH DATE
SS#	CELL PHONE
E-MAIL ADDRESS	
EMPLOYER	OCCUPATION
EMPLOYER ADDRESS	
EMPLOYER TELEPHONE ( )	HOW LONG EMPLOYED

**INSURANCE INFORMATION**

PRIMARY INSURANCE		SUBSCRIBER	BIRTH DATE
POLICY #	GROUP #	EMPLOYEE ID#/SS#/MISC	GROUP NAME

SECONDARY INSURANCE		SUBSCRIBER	BIRTH DATE
POLICY #	GROUP #	EMPLOYEE ID#/SS#/MISC	GROUP NAME

**OTHER INFORMATION**

**NEAREST RELATIVE NOT RESIDING AT SAME ADDRESS**

NAME		RELATIONSHIP	
ADDRESS		CITY	STATE ZIP CODE
WORK TELEPHONE ( )	HOME TELEPHONE ( )		
EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE ( )	



**UPDATES**

<b>PARENT/LEGAL GUARDIAN SIGNATURE</b>		<b>DATE</b>
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DATE	SIGNATURE	DATE	SIGNATURE
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