



Anshu Dalela, MD

Child 1: Last Name: _____ **First Name:** _____ **DOB:** _____

Sex: M / F **Gestational age at birth:** _____ **weeks** _____ **days**

Preferred Language: _____

Race (Circle All That Apply): African American American Indian or Native Alaskan Asian
Hawaiian or Pacific Islander White Decline

Ethnicity (Circle One): Hispanic/Latino Non-Hispanic/Latino Decline

Child 2: Last Name: _____ **First Name:** _____ **DOB:** _____

Sex: M / F **Gestational age at birth:** _____ **weeks** _____ **days**

Preferred Language: _____

Race (Circle All That Apply): African American American Indian or Native Alaskan Asian
Hawaiian or Pacific Islander White Decline

Ethnicity (Circle One): Hispanic/Latino Non-Hispanic/Latino Decline

Child 3: Last Name: _____ **First Name:** _____ **DOB:** _____

Sex: M / F **Gestational age at birth:** _____ **weeks** _____ **days**

Preferred Language: _____

Race (Circle All That Apply): African American American Indian or Native Alaskan Asian
Hawaiian or Pacific Islander White Decline

Ethnicity (Circle One): Hispanic/Latino Non-Hispanic/Latino Decline

Child 4: Last Name: _____ **First Name:** _____ **DOB:** _____

Sex: M / F **Gestational age at birth:** _____ **weeks** _____ **days**

Preferred Language: _____

Race (Circle All That Apply): African American American Indian or Native Alaskan Asian
Hawaiian or Pacific Islander White Decline

Ethnicity (Circle One): Hispanic/Latino Non-Hispanic/Latino Decline

(If you have any more children let us know and we will get another front page)



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Primary Contact: Child(ren)'s parents are (*Circle One*): Married Divorced Never Married Separated

Widow(er) Other

Name: _____ Relationship to Patient: _____

DOB: ____ / ____ / ____ Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

Employer: _____ Occupation: _____

Best number to reach me (*Circle One*): Work / Home / Cell

May contact via (*Circle One*): Work / Home / Cell / Email / Portal

May leave messages/lab results via (*Circle One*): Work / Home / Cell / Email / Portal

May NOT leave messages/lab results via (*Circle One*): Work / Home / Cell / Email / Portal

I would like to receive any **office updates** via text message: ☐ **Send to cell** ☐ **Do NOT send**

Lives with patient(s)? Yes / No

(Street)

(City/State/Zip)

Secondary Contact: Child(ren)'s parents are (*Circle One*): Married Divorced Never Married Separated

Widow(er) Other

Name: _____ Relationship to Patient: _____

DOB: ____ / ____ / ____ Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

Employer: _____ Occupation: _____

Best number to reach me (*Circle One*): Work / Home / Cell

May contact via (*Circle One*): Work / Home / Cell / Email / Portal

May leave messages/lab results via (*Circle One*): Work / Home / Cell / Email / Portal

May NOT leave messages/lab results via (*Circle One*): Work / Home / Cell / Email / Portal

I would like to receive any **office updates** via text message: ☐ **Send to cell** ☐ **Do NOT send**

Lives with patient(s)? Yes / No

(Street)

(City/State/Zip)



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Additional Contact Questions:

Who should receive billing statements? _____

May all contacts have access to the patient's records? Yes / No

If parents are divorced, separated or unmarried, please fill out this section:

Who has custody? _____

Are there any legal restrictions that would restrict the non-custodial parent from consenting to medical treatment for the child or from obtaining information about the child's medical treatment? Yes / No

If yes, please explain and **provide a copy of any legal paperwork** that supports this restriction. (We **must** have this on the patient(s) chart.)

Would you like to sign up for MyKid'sChart (patient portal)?

Yes / No / Already Set Up:

If **yes**, please provide the best email: _____

Emergency Contacts (other than parents)

Name & Relationship (leave blank if none):

Name: _____

Relationship to Patient: _____

Phone: _____

Name: _____

Relationship to Patient: _____

Phone: _____

Pharmacy Name: _____

Pharmacy Phone Number and/or Pharmacy Address: _____