



# Bramblebush Pediatrics

demographics form

**\*please complete the whole form\***

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ sex at birth M or F

Gender Identity \_\_\_\_\_ ( Preferred Name ) \_\_\_\_\_

Address \_\_\_\_\_

**\*\*IF THE PATIENT IS 13 YEARS OF AGE OR OLDER WE NEED THEIR EMAIL AND PHONE NUMBER TO COMPLETE PATIENT DEMOGRAPHICS ( WE WILL STILL CONTACT PARENTS FOR ALL THINGS NECESSARY UNDER THE AGE OF 18)**

**\*EMAIL** \_\_\_\_\_ **PHONE** \_\_\_\_\_

Race \_\_\_\_\_ Ethnicity: hispanic/latino not hispanic/latino Other \_\_\_\_\_

Preferred Language : Written \_\_\_\_\_ spoken \_\_\_\_\_

Check which applies for the Patient:

wears contact lenses or glasses \_\_\_\_\_

hearing impaired \_\_\_\_\_

Preferred Pharmacy \_\_\_\_\_

## **Parent or guardian information**

1.Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

phone \_\_\_\_\_ email \_\_\_\_\_

2.Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

phone \_\_\_\_\_ email \_\_\_\_\_