

Kenneth A. Whittaker M.D., P.C.

Patient Registration

Parent | Guardian Information

First Name: _____ Last Name: _____ D.O.B. _____

Home Phone: _____ Cell Phone: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Spoken Language: _____ Written Language: _____ Relationship to Child(ren): _____

Parent | Guardian Information

First Name: _____ Last Name: _____ D.O.B. _____

Home Phone: _____ Cell Phone: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Spoken Language: _____ Written Language: _____ Relationship to Child(ren): _____

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Authorization

I authorize Kenneth A. Whittaker M.D., P.C., or any physician authorized, to render treatment to any or all of the listed minor children, to release information regarding treatment rendered to any applicable insurance company. This authorization shall remain in full force and effect until it is revoked by me or in writing.

Printed Name

Signature

Date

(Please complete patient information on back)

Patient(s) Information

Child #1

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Child Lives With: _____ Gender:

Female Male Undefined

Race: Asian Black/African American American Indian/Alaskan Native White
 Hispanic Native Hawaiian/Other Pacific Islander Decline to Answer

Ethnicity: Hispanic/Latino Not Hispanic/Latino Decline to Answer

Child #2

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Child Lives With: _____ Gender:

Female Male Undefined

Race: Asian Black/African American American Indian/Alaskan Native White
 Hispanic Native Hawaiian/Other Pacific Islander Decline to Answer

Ethnicity: Hispanic/Latino Not Hispanic/Latino Decline to Answer

Child #3

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Child Lives With: _____ Gender:

Female Male Undefined

Race: Asian Black/African American American Indian/Alaskan Native White
 Hispanic Native Hawaiian/Other Pacific Islander Decline to Answer

Ethnicity: Hispanic/Latino Not Hispanic/Latino Decline to Answer

Child #4

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Child Lives With: _____ Gender:

Female Male Undefined

Race: Asian Black/African American American Indian/Alaskan Native White
 Hispanic Native Hawaiian/Other Pacific Islander Decline to Answer

Ethnicity: Hispanic/Latino Not Hispanic/Latino Decline to Answer