**PATIENT CONTACT INFORMATION UPDATE**

**Today's Date: _____**

**Children in household: (Must have same guardianship and biological parents or must be on separate sheets)**

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

**Mother's Name: _____ Date of Birth: _____**

**Father's Name: _____ Date of Birth: _____**

**Other Responsible Party or Guardian Name : _____**

**Address where the above children reside: _____**
(If addresses differ, please use another form)

Please list any step-parents or other relatives involved in child's care who may contact us to schedule appointments or accompany the child to visits: _____

***Please note**: **Our staff will not get involved in any custody issues. If a legal guardian designates a step-parent or other person to bring the child to our practice for treatment, we will treat the child.***

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**Contact Information**

**Mobile Contact Phone Number** (For confirmations - text or voice) ( ) _____ - _____

**To whom does it belong?** Mother Father Other _____

**Alternate Phone Number** (Must be authorized to receive information) ( ) _____ - _____

**Mobile? Landline? To whom does it belong?** Mother Father Other _____

**EMAIL ADDRESS**: _____

*The incidental release of information could occur during routine and necessary communications between staff and other contacts listed in the patient's file if a phone call regarding patient care is necessary. This information could be related to appointment scheduling / cancellations / confirmations, billing issues, or a return call regarding a medical issue.* **Please note that both biological / legal parents are given access to patient records and information REGARDLESS of custody unless a legal order exists that restricts contact with or about the child.**

**Name of person completing this form: _____ Relationship: _____**

**Signature of parent / guardian: _____**