

**PATIENT CONTACT INFORMATION UPDATE**

**Today's Date:** \_\_\_\_\_

**Children in household:**

Name of Child: _____	Date of Birth: _____
Name of Child: _____	Date of Birth: _____
Name of Child: _____	Date of Birth: _____
Name of Child: _____	Date of Birth: _____

**Address where the above children reside:** \_\_\_\_\_

**Parent/ Legal Guardian #1:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Relationship: (circle) Mother Father Other: \_\_\_\_\_

**Parent/ Legal Guardian #2:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Relationship: (circle) Mother Father Other: \_\_\_\_\_

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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**Telephone 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 \_\_\_\_\_

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.

Signature of parent / guardian: \_\_\_\_\_