

Pediatric Patient Demographic Form

Fiddlehead Pediatric Healthcare
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Patient Information

Today's Date:

Last Name:

First Name:

Other Name:

Date of Birth:

Address:

Primary Phone:

Alt. Phone:

Emergency Contact Information (If unable to reach parent/guardian)

Emergency Contact:

Relationship to Patient:

Home Phone:

Alt. Phone:

Insurance Information:

Primary Carrier:

Telephone#:

Address:

ID / CERT#:

Group/Plan#:

Effective Date:

Secondary Carrier:

Telephone#:

Address:

ID / CERT#:

Group/Plan#:

Effective Date:

Parent / Guardian Information

Contact 1:

Relationship to Patient

Address:

Contact Phone:

Alt. Phone:

Employer:

Contact 2:

Relationship to Patient

Address:

Contact Phone:

Alt. Phone:

Employer:

Electronic Communications

We offer secure electronic communications between you and our office via our Patient Portal. Secure messages and information can only be read by someone who knows the right password to log in to the Portal site. The communications are automatically encrypted and for those who want to participate, this secure communication can be a valuable tool to provide administrative and clinical information.

Yes, I want to participate. My email address is:

No, I do not wish to participate at this time.

As an added convenience, we offer appointment reminders via a text message for those who want to participate. If at any time you should change your mind, please let us know what other method you would prefer for appointment reminders.

Yes, I want to participate. My cell number is:

No, I do not wish to participate at this time. I would prefer to be notified by:

Mail

Telephone

E-mail

Additional Information

Race: Which category best describes your racial background?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Unreported/Decline to Report

Ethnicity: How would you describe your ethnicity, such as your family background or ancestry?

- Hispanic or Latino
- Not Hispanic or Latino
- Unreported/Decline to Report

Preferred Language: What language do you usually speak at home?

- English
- Spanish
- Other _____

How did you hear about our practice?

- Health Plan
- Internet
- Our Web Site
- ER/Hospital
- Newspaper
- Patient
- Other

Pharmacy Information

Pharmacy Name:

Address:

Phone: