Hanover Pediatric Associates, P.C.
Extended Information

Child's Name: _____
First Middle Last

Child's Date of Birth: _____ Child's SSN: _____

Parent/Guardian Information

MOTHER		**FATHER**	
Name:		Name:	
DOB:		DOB:	
Address:		Address:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
SSN:		SSN:	
Employer:		Employer	

SIBLINGS NAMES: _____ **DOB:** _____
_____ **DOB:** _____

Who does the child normally reside with? _____

Are there custody issues/visitation arrangements that may impact the child's care?

Yes _____ Please explain: _____

No _____

Emergency Authorization on File? Yes No Custody Order on file? Yes No

Step Parents Yes No Name _____

Grandparents Yes No Names _____

Babysitter/Day Care Yes No Name _____

What pharmacy do your use regularly to fill prescriptions? Name _____
Address _____ Phone _____

May we leave a detailed message at work home or work? Yes _____ No _____

Work Phone? Yes _____ No _____

Cell Phone? Yes _____ No _____

Parent/Guardian Signature _____ Date: _____