

**Children's Medical Center of Tucson**  
**Patient information Sheet**

\*Please note, to keep information current, we ask this form to be COMPLETED every year or when there are changes

Child's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male/Female  
Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ S.S# \_\_\_\_\_ Birth Weight: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ APT/UNIT \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Child lives with \_\_\_\_ Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other/Relationship \_\_\_\_\_

Language: \_\_\_\_\_ Race: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Last 4 digits of S.S# \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address if different than child \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Last 4 digits of S.S# \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address if different than child \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Do you give Children's Medical Center Of Tucson Permission to leave a message on your phone? \_\_\_\_\_

Do you give Children's Medical Center Of Tucson Permission to contact you by email regarding appointments and other health related services? \_\_\_\_\_

Name of nearest relative not living with you: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Whom may we contact in case of an emergency? \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Who is authorized to bring in your child for medical evaluation, treatments and/or procedures in your absence?

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Do you give permission for the people listed above to leave messages for triage, providers and/or schedule doctor appointments for this child? \_\_\_\_\_

**\*\*We will require identification & must be over 18 yrs old\*\***

Names of other children that are currently patients of Children's Medical Center of Tucson:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE THE BACK OF THIS FORM**

