

Triangle Pediatrics Center, P.A.

105 Ridgeview Dr
Cary, NC 27511
Phone (919) 467-5543
Fax (919) 469-2391
www.tripeds.com

Patient Information

Date: _____

(Please list all children in the family even if the child is not being seen today)

	Child 1	Child 2	Child 3	Child 4
Last Name	_____	_____	_____	_____
First Name	_____	_____	_____	_____
Middle	_____	_____	_____	_____
DOB	_____	_____	_____	_____
Nickname	_____	_____	_____	_____
Preferred Language	_____	_____	_____	_____
Ethnicity	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Father	_____	_____	_____	_____

As a medical practice we may need to contact you regarding appointments, lab and X-ray results, etc so it is important that we have current information. Please remember to advise us of any changes to your phone numbers. Thank you.

Parental Information

Mother/Legal Guardian

Name _____

DOB _____

Mailing address _____
County _____

Home phone _____

Work phone _____

Cell phone _____

Email _____

Employer _____

Marital Status (circle one)
Single Married Divorced Widowed

Preferred Language _____

Step Father _____

Father/Legal Guardian

Name _____

DOB _____

Mailing address _____
County _____

Home phone _____

Work phone _____

Cell phone _____

Email _____

Employer _____

Marital Status (circle one)
Single Married Divorced Widowed

Preferred Language _____

Step Mother _____

Which phone # should we list as your primary contact? _____

Who do the children reside with? (circle one) Both Father Mother Other: _____

Who has legal custody of the child/children? (circle one) Both Father Mother Other: _____

Which county do children reside in? (circle one) Wake Johnston Chatham Lee Other: _____

Emergency Contact

(Please provide us with the name of someone other than a parent in the event we are unable to contact you)

Name _____ Contact # _____ Relationship _____