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JULIA BARRIGA MD PA
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Patient/ Family Registration Form

8-22-19

PRIMARY CONTACT PERSON FOR FAMILY (this will be the **person to receive appointment reminders**)

Relationship to patient(s):_____

First Name: _____ Last Name:_____ Birth Date: _____/_____/_____

Address: _____ Apt:____ City: _____ State: _____ Zip: _____

Email: _____ **(primary email)**

Cell Phone: _____ Home Phone: _____ Work Phone _____(select primary phone)

Do you live with patient? ___Yes ___No , Primary Language Spoken: __English, __Spanish, __Other:_____

Preferred method of contact: Appointment Reminders: ___Text Message ___ Cell Phone ___ Home Phone ___ Email

Recalls: past due shots , physicals exam: ___ Text Message ____Cell Phone ___ Home Phone ___Email

SECONDARY CONTACT PERSON FOR FAMILY

Relationship to patient(s):_____

First Name: _____ Last Name:_____ Birth Date: _____/_____/_____

Address: _____ Apt:____ City: _____ State: _____ Zip: _____

Email: _____ **(primary email)**

Cell Phone: _____ Home Phone: _____ Work Phone _____(select primary phone)

Do you live with patient? ___Yes ___No , Primary Language Spoken: ___English, ___Spanish, ___Other:_____

Preferred method of contact: Appointment Reminders: ___Text Message ___ Cell Phone ___ Home Phone ___ Email

Recalls: past due shots , physicals exam: ___ Text Message ____Cell Phone ___ Home Phone ___Email

WHO HAS PRIMARY PHYSICAL CUSTODY? (if applicable) _____

In order to obtain more accurate Family Medical History requirements, if contacts listed above are NOT the BIOLOGICAL PARENTS, we now necessitate BOTH BIOLOGICAL PARENTS (if known) to be listed **(fill in any and all information if known):**

Biological Mother: _____ Birth Date: ____/____/_____

Biological Father: _____ Birth Date: ____/____/_____

If either biological parent listed above has NO parental rights per a SIGNED COURT ORDER, a copy of that COURT ORDER is required to be on file.

EMERGENCY CONTACT PERSON (other than either the parent(s) or contact(s) listed above)

Name: _____ Relationship to Patient: _____ Phone: _____

LIST ONLY CHILDREN IN FAMILY THAT THE ABOVE PARENTAL INFORMATION APPLIES TO
(If children have a different family dynamic then above - they must be on a different sheet)

	First Child	Second Child	Third Child	Fourth Child
First Name				
Middle Name				
Last Name				
Birth Date	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
Sex	___ Male ___ Female	___ Male ___ Female	___ Male ___ Female	___ Male ___ Female
Primary Language	___ English ___ Spanish List other:	___ English ___ Spanish List other:	___ English __ Spanish List other	___ English ___ Spanish List other:
Ethnicity	___ Not Hispanic ___ Hispanic ___ Unknown ___ Declined	___ Not Hispanic ___ Hispanic ___ Unknown ___ Declined	___ Not Hispanic ___ Hispanic ___ Unknown ___ Declined	___ Not Hispanic ___ Hispanic ___ Unknown ___ Declined
Race **(Check all that apply)**	___ Native American ___ Asian ___ Black or African-American ___ Hawain / Pacific Islander ___ White ___ Declined	___ Native American ___ Asian ___ Black or African-American ___ Hawain / Pacific Islander ___ White ___ Declined	___ Native American ___ Asian ___ Black or African-American ___ Hawain / Pacific Islander ___ White ___ Declined	___ Native American ___ Asian ___ Black or African-American ___ Hawain / Pacific Islander ___ White ___ Declined
Who is your preferred Provider?	___ Barriga ___ Morgan ___ Muniz	___ Barriga ___ Morgan ___ Muniz	___ Barriga ___ Morgan ___ Muniz	___ Barriga ___ Morgan ___ Muniz