

# Patient Registration



First Name	Middle	Last
Preferred Name (if different)	DOB	Sex
Address	City	
State	Zip	Email (required for patient portal account and e-bills)
Phone #s: Cell (required for text reminders)	Home	Work
Patient SSN		
Emergency Contact (other than Parents)		Relationship
Address	City	State Zip
Phone #s: Cell	Home	Work
Parent 1 Name	Parent 2 Name	
Address (If different)	Address (If different)	
Home Phone (if different)	Home Phone (if different)	
Cell: Work:	Cell: Work:	
DOB: SSN:	DOB: SSN:	
Parents' Marital Status	Married	Widowed Divorced Not Married Legally Separated Partner Other
Person Responsible for Bill (if Patient is under 18)		
Statement Delivery Preference(Circle one)	Online only (on Patient Portal)	Mail
Preferred Pharmacy Name	Pharmacy City	
How did you hear about us? If Other, please explain:	Search Engine	Facebook Insurance List Friends/Family Other
<b>PLEASE BRING ANY INSURANCE CARDS TO THE FRONT DESK WHEN FINISHED.</b>		
By signing below, I agree that the above information is true and correct to the best of my knowledge.		
_____	_____	_____
Print Name (Patient, Parent or Guardian)	Signature	Date

# Patient Registration



Patient Name

DOB

The State of Minnesota is asking healthcare providers to collect information on race, language and country of origin. The information is used to review treatment of all patients and assure everyone gets the highest quality of care. Your answers will be confidential and will have no effect on the care you receive at Grow Pediatrics.

## Race (Circle one or more)

American Indian or Alaska Native  
Asian  
Choose not to disclose

Black or African American  
Hispanic or Latino  
Unknown

Native Hawaiian/Other Pacific Islander  
White

## Language (Circle one)

Amharic  
Arabic  
Bosnia  
Burmese  
Cambodian  
Cantonese  
Chinese  
Other \_\_\_\_\_

English  
French  
German  
Hearing Impaired  
Hindi  
Hmong  
Japanese

Karen  
Korean  
Laotian  
Mandarin  
Oromo  
Polish  
Romanian

Russian  
Sign Language  
Somali  
Spanish  
Swahili  
Tagalog  
Thai

Tibetan  
Tigrinya  
Urdu  
Vietnamese  
Yoruba  
Unknown  
Decline to provide

## Country of Origin (where Patient was born, Circle one)

United States  
Canada  
China  
France

Germany  
Japan  
Mexico  
Russia

Somalia  
Spain  
United Kingdom  
Decline to provide  
Unknown

Other \_\_\_\_\_

## Messaging/Reminders Preferences

If the Patient is registered with our online patient portal, you will receive email notices at the email used during registration for appointment reminders, lab results, billing statements and other important notices. We also provide additional reminders by phone, by text or both but want to respect your privacy if you do not want some or all of these reminders. Please circle which method you would like, if any.

By Phone

By Text

No Reminders