

Welcome to **Paramount Pediatrics!**

It is our pleasure to assist you in obtaining the best health in your child. To do this we need some information from you.

Please take the time to complete this **Demographic Form** for us to enter into your child's electronic chart.



**PARAMOUNT PEDIATRICS**  
PROMOTING CHILDREN'S HEALTH

Thank you.

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name(s) \_\_\_\_\_

Birthdate \_\_\_\_\_ Care card # (PHN) \_\_\_\_\_  
mm/dd/yy 9 \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (C) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Email (1) \_\_\_\_\_ Email (2) \_\_\_\_\_

Mothers full name \_\_\_\_\_ Mothers occupation \_\_\_\_\_

Fathers full name \_\_\_\_\_ Fathers occupation \_\_\_\_\_

Guardians full name (if applicable) \_\_\_\_\_ Name of current school \_\_\_\_\_

Main reason for attending today \_\_\_\_\_

Family physician (first & last name) \_\_\_\_\_ Specialists your child is currently know  
seeing (name / specialty)

Address (if known) \_\_\_\_\_ (Include physicians, therapists, group  
services)

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

Your chosen pharmacy (for prescriptions to be sent to): \_\_\_\_\_

Your child's siblings  
(names / age)


Household members (List):