

Add a Minor Registration Form

Use this form to add minor(s) to a parent/guardian's Patient Registration form

Please enter information for minor:

First Name: _____ Middle Initial: _____ Last Name: _____

Name minor goes by: _____

Address (If different from guardian): _____

City: _____ State: _____ Zip Code: _____

DOB: _____ Social Security Number: _____

What was the minor's sex assigned at birth? Female Male Unknown

What is their gender identity? Female Male Genderqueer/Non-conforming Other: _____

Transgender boy (female to male) Transgender girl (male to female) Choose not to disclose

Is the minor currently experiencing homelessness? Yes No

Does the minor live in public housing (i.e., Section 8, a half-way house, etc.)? Yes No

What is the minor's ethnicity? Hispanic or Latino Not Hispanic or Latino Declined to Specify

What is the minor's race? American Indian or Alaska Native Asian Black or African American

White Declined to Specify

Does the minor have health coverage? Yes No

Name of insurance (please provide a copy of insurance card): _____

Insurance Holder's Name: _____

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