

## 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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