Parent/	Guardian	First and Last Name	:

Add a Minor Registration Form

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

First Name:	Middle Initial:	Last Name:	
Name minor goes by:			
Address (If different f	rom guardian):		
City:	State	e:	_ Zip Code:
DOB:	Social Security Number		
What was the minor'	s sex assigned at birth? ☐ Female	□Male □Unkno	own
What is their gender	identity? □Female □Male □G	enderqueer/Non-co	nforming Other:
\square Transgender boy (fo	emale to male) \Box Transgender gir	l (male to female) $\ \Box$	Choose not to disclose
s the minor currently	γ experiencing homelessness? \Box Y	es □No	
Does the minor live in	n public housing (i.e., Section 8, a	half-way house, etc)? □Yes □No
What is the minor's e	thnicity? Hispanic or Latino	Not Hispanic or Latir	no □Declined to Specify
What is the minor's r	ace? □American Indian or Alaska	Native □Asian □	Black or African American
□White □Declined	I to Specify		
Does the minor have	health coverage? □Yes □No		
	lease provide a copy of insurance o	card):	
	ame:		
Please enter informa	tion for minor:		
Please enter informa First Name:	tion for minor: Middle Initial:	Last Name:	
Please enter informa First Name: Name minor goes by:	tion for minor: Middle Initial:	Last Name:	
Please enter informa First Name: Name minor goes by: Address (If different f	tion for minor: Middle Initial: rom guardian):	Last Name:	
Please enter informa First Name: Name minor goes by: Address (If different formal)	tion for minor: Middle Initial: rom guardian): State	Last Name:	
Please enter informa First Name: Name minor goes by: Address (If different f City:	tion for minor: Middle Initial: rom guardian): State Social Security Numbers	Last Name: e:	_ Zip Code:
Please enter informa First Name: Name minor goes by: Address (If different fiction of the company	tion for minor: Middle Initial: rom guardian):StateSocial Security Numbers s sex assigned at birth? Female	Last Name: e: Male	_ Zip Code :
Please enter informations First Name: Name minor goes by: Address (If different for the content of the	tion for minor: Middle Initial: rom guardian): State Social Security Number: s sex assigned at birth? Female Male G	Last Name:e:	_ Zip Code : own nforming
Please enter informations First Name: Name minor goes by: Address (If different for the content of the	tion for minor: Middle Initial: rom guardian):StateSocial Security Numbers s sex assigned at birth? Female	Last Name:e:	_ Zip Code : own nforming
Please enter informa First Name: Name minor goes by: Address (If different fictiv: DOB: What was the minor' What is their gender Transgender boy (for	tion for minor: Middle Initial: rom guardian): State Social Security Number: s sex assigned at birth? □ Female identity? □ Female □ Male □ G emale to male) □ Transgender gir	Last Name:e: B: Male	_ Zip Code : own nforming
Please enter informations First Name: Name minor goes by: Address (If different footing) City: DOB: What was the minor' What is their gender Transgender boy (footing)	tion for minor: Middle Initial: rom guardian): State Social Security Number: s sex assigned at birth? Female Male G	Last Name:e:Male	Zip Code: own informing □Other: Choose not to disclose
Please enter informations First Name: Name minor goes by: Address (If different formation) City: DOB: What was the minor' What is their gender Transgender boy (formation) Is the minor currently Does the minor live in	tion for minor: Middle Initial: State Social Security Number: s sex assigned at birth? Female identity? Female Male Gemale to male) Transgender gire y experiencing homelessness? public housing (i.e., Section 8, a	Last Name:e: Unknown of the state of the sta	Zip Code: own nforming
Please enter informations. First Name: Name minor goes by: Address (If different final	Middle Initial: Middle Initial: StateSocial Security Numbers s sex assigned at birth? Female identity? Female Male Gemale to male) Transgender gir y experiencing homelessness? public housing (i.e., Section 8, a	Last Name: E: Male	Zip Code: own nforming
Please enter informa First Name: Name minor goes by: Address (If different file) City: DOB: What was the minor' What is their gender Transgender boy (follows) Is the minor currently Does the minor live in What is the minor's e	tion for minor: Middle Initial: rom guardian): State Social Security Number: s sex assigned at birth? □ Female identity? □ Female □ Male □ Gemale to male) □ Transgender gire y experiencing homelessness? □ Year public housing (i.e., Section 8, a sethnicity? □ Hispanic or Latino □ ace? □ American Indian or Alaska	Last Name: E: Male	Zip Code: own nforming
Please enter informa First Name: Name minor goes by: Address (If different formal) City: DOB: What was the minor's What is their gender Transgender boy (formal) Is the minor currently Does the minor live in What is the minor's end What is the minor's r What is the minor's r	middle Initial: Middle Initial: StateSocial Security Numbers s sex assigned at birth? Female identity? Female Male Gemale to male) Transgender gire of experiencing homelessness? Find public housing (i.e., Section 8, and athnicity? Hispanic or Latino ace? American Indian or Alaska	Last Name: E: Male	Zip Code: own nforming
Please enter informa First Name: Name minor goes by: Address (If different fictions) City: DOB: What was the minor' What is their gender Transgender boy (form) Is the minor currently Does the minor live in What is the minor's end What	tion for minor: Middle Initial: rom guardian): State Social Security Number: s sex assigned at birth? □ Female identity? □ Female □ Male □ Gemale to male) □ Transgender gire y experiencing homelessness? □ Year public housing (i.e., Section 8, a sethnicity? □ Hispanic or Latino □ ace? □ American Indian or Alaska	Last Name: e: Male	Zip Code:

Parent/ Guardian First and Last Name:	

Add a Minor Registration Form

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

First Name:	Middle Initial:	_ Last Name:
Name minor goes by:		
City:	State:	z Zip Code:
DOB:	Social Security Number:	
What was the minor's	sex assigned at birth? Female	□Male □Unknown
What is their gender i	dentity? □ Female □ Male □ Ge	nderqueer/Non-conforming \square Other:
\square Transgender boy (fe	male to male) Transgender girl	(male to female) \Box Choose not to disclose
Is the minor currently	experiencing homelessness? □Ye	s □No
Does the minor live in	public housing (i.e., Section 8, a h	half-way house, etc.)? \square Yes \square No
What is the minor's e	thnicity? Hispanic or Latino	lot Hispanic or Latino □Declined to Specify
What is the minor's ra	ice? □American Indian or Alaska N	lative \Box Asian \Box Black or African Americar
\square White \square Declined	to Specify	
Does the minor have	health coverage? □Yes □No	
	_	ard):
• • • • • • • • • • • • • • • • • • • •	, ,	
Please enter informat First Name:	ion for minor: Middle Initial:	_ Last Name:
Please enter informat First Name: Name minor goes by:	ion for minor: Middle Initial:	_ Last Name:
Please enter informat First Name: Name minor goes by: Address (If different fr	ion for minor: Middle Initial: om guardian):	_ Last Name:
Please enter informat First Name: Name minor goes by: Address (If different fr	ion for minor: Middle Initial: om guardian): State:	_ Last Name: Zip Code:
Please enter informat First Name: Name minor goes by: Address (If different fr City: DOB:	ion for minor: Middle Initial: om guardian): State: Social Security Number: _	_ Last Name: Zip Code:
Please enter informat First Name: Name minor goes by: Address (If different fr City: DOB: What was the minor's	ion for minor: Middle Initial: om guardian): State: Social Security Number: s sex assigned at birth? Female	Last Name: Zip Code:
Please enter informat First Name: Name minor goes by: Address (If different fr City: DOB: What was the minor's	ion for minor: Middle Initial: om guardian): State: Social Security Number: sex assigned at birth? Female Male Ge	Last Name: Zip Code: Zip Code: Male
Please enter informat First Name: Name minor goes by: Address (If different fr City: DOB: What was the minor's	ion for minor: Middle Initial: om guardian): State: Social Security Number: sex assigned at birth? Female Male Ge	Last Name: Zip Code:
Please enter informat First Name: Name minor goes by: Address (If different fr City: DOB: What was the minor's What is their gender i	ion for minor: Middle Initial: om guardian): State: Social Security Number: s sex assigned at birth? Female dentity? Female Male Gemale to male) Transgender girl	Zip Code: Zip Code: Male
Please enter informat First Name: Name minor goes by: Address (If different fr City: DOB: What was the minor's What is their gender i Transgender boy (fe	ion for minor: Middle Initial: om guardian): State: Social Security Number: sex assigned at birth? Female Male Ge	
Please enter informate First Name: Name minor goes by: Address (If different frection City: DOB: What was the minor's What is their gender io Transgender boy (feets) Is the minor currently Does the minor live in	ion for minor: Middle Initial: State: Social Security Number: Sex assigned at birth? Gentity? Female Male Gentity? Female Male Gentity Male Male	
Please enter informat First Name: Name minor goes by: Address (If different fr City: DOB: What was the minor's What is their gender i Transgender boy (fe	ion for minor: Middle Initial: om guardian): State: Social Security Number: sex assigned at birth? Gentity? Female Male Gentity? Transgender girl experiencing homelessness? Year public housing (i.e., Section 8, a hathnicity? Hispanic or Latino	Zip Code:
Please enter informate First Name: Name minor goes by: Address (If different from the company of	ion for minor: Middle Initial: om guardian): State: Social Security Number: sex assigned at birth? □ Female dentity? □ Female □ Male □ Ge male to male) □ Transgender girl experiencing homelessness? □ Ye public housing (i.e., Section 8, a h thnicity? □ Hispanic or Latino □ N ice? □ American Indian or Alaska N	Last Name:
Please enter informat First Name: Name minor goes by: Address (If different fr City: DOB: What was the minor's What is their gender i Transgender boy (fe Is the minor currently Does the minor live in What is the minor's es What is the minor's ra What is the minor's ra	ion for minor: Middle Initial: om guardian): State: Social Security Number: sex assigned at birth? □ Female dentity? □ Female □ Male □ Ge male to male) □ Transgender girl experiencing homelessness? □ Ye public housing (i.e., Section 8, a h thnicity? □ Hispanic or Latino □ N ice? □ American Indian or Alaska N	Last Name: