

# Children's Mercy - Preferred Pediatrics, INC.

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## PATIENT DEMOGRAPHICS

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(Last) (First) (MI)

Child's Address: \_\_\_\_\_  
(Street) (Apt)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Father's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Unmarried \_\_\_\_\_

If parents are not married, who has legal custody of child? \_\_\_\_\_

Emergency Contact, if parent is not available: \_\_\_\_\_  
(Name) (Phone)

Type of Insurance: Commercial Medicaid Self Pay (None)  
(Please Circle All That Apply)

Who Carries Insurance on Child(ren): \_\_\_\_\_

If parents are not married who is responsible for the balance?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If you have two insurances (Primary and Secondary) you will need to fill out two insurance forms. With holding insurance information is fraud and are subject to prosecution.