Hopewell Health Centers, Inc.
CHILD NEW PATIENT PROFILE
PLEASE PRINT

Date: ____________________

Name: ____ **Sex:** Female/Male/Other **D.O.B.** ___________ ____

Phone: (   ) _ _ _ - _ _ _ _   **Occupation:** ________________________

[*Optional*] **Race**: [ ]White [ ] Black or African American [ ] Native American/Alaskan Native [ ] Hispanic [ ] Asian
[ ] Native Hawaiian or other Pacific Islander, Other:_______________
Racial/Ethnic Background: ☐Hispanic or Latin ☐Non-Hispanic or Latin ☐Other:_________
[*Optional*]**First Language:** [ ] English [ ]Spanish, Other: _______________

Call in case of emergency_____________________________ at _______________☐ Relationship:_____________

By whom were you referred? (Please specify)____

Name of Person Completing Form:____

Relationship to Child: ☐Parent ☐Foster parent ☐Children Services worker ☐Other:_______________

Your Guardianship status:
☐Share custody ☐Custodial parent ☐Non-custodial parent
☐Single parent (never married/widowed) – have custody ☐Other:____

Legal Guardian if other than a parent:____
Relationship to child:___________ Phone (if diff.):_______________ How long have you had custody? _________
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What other agencies, service offices or health providers are currently working with you?
☐Department of Job and Family Services
☐Parole/Probation Officer = ____
☐Children Services: County and caseworker:____
If involved with Children Services, do you/your family have a case plan? ☐Yes ☐No
☐Legal Service/Lawyers/Courts:____
☐Medical Service Providers:____
☐Home Health____
☐Other____

***Current* Medications (Prescription, Over-the-Counter, Vitamins, Herbal)**

Please fill this out to the best of your ability. All information below must be included.

☐No medications ☐Additional page of medications attached

Prescription Medications						
Medications	**Dose & Frequency**	**Prescribed by**	**How long Taken?**	**Reason for Use**	**Helpful?**	**Take Regularly?**
					☐Y ☐? ☐N	☐Y ☐N
					☐Y ☐? ☐N	☐Y ☐N
					☐Y ☐? ☐N	☐Y ☐N
					☐Y ☐? ☐N	☐Y ☐N
					☐Y ☐? ☐N	☐Y ☐N
					☐Y ☐? ☐N	☐Y ☐N
					☐Y ☐? ☐N	☐Y ☐N
					☐Y ☐? ☐N	☐Y ☐N
					☐Y ☐? ☐N	☐Y ☐N

Describe the problem for which you are seeking treatment:____
____
____
____
____
____