



# PATIENT REGISTRATION

## ADDITIONAL CHILDREN

Child 3: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Primary language: \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic  Unknown

Race:  Asian  Black  Hawaiian  White

Child 4: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Primary language: \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic  Unknown

Race:  Asian  Black  Hawaiian  White

Child 5: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Primary language: \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic  Unknown

Race:  Asian  Black  Hawaiian  White

Child 6: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Primary language: \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic  Unknown

Race:  Asian  Black  Hawaiian  White

Child 7: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Primary language: \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic  Unknown

Race:  Asian  Black  Hawaiian  White

Child 8: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Primary language: \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic  Unknown

Race:  Asian  Black  Hawaiian  White