

Pediatrics Associates

450 Veterans Memorial Parkway, Building 10, E Prov., RI 02914 (401) 438-6888

Updated Demographics

Child's Name: _____ DOB: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Work Number: _____

Best Contact Number: _____ Secondary Number: _____

Email: _____

Best Method Of Contact: **Call** **Text** **Email**

Race: **White** **Black** **Hispanic** **Asian** **American Indian/Alaskan**

Other _____

Ethnicity: **Hispanic** **Non Hispanic**

Primary Language: **English** **Spanish** **Portuguese** **Other** _____

If language not English do you require a translator? **Yes** **No**

Would you grant us permission to obtain your child's prescription history from the Rx Hub?
Rx Hub is a national database with all drugs prescribed to your child. **Yes** **No**

Signature _____

You may list additional children with their date of birth below.
Listing additional children also authorizes us to obtain their prescription history.

Child's Name: _____ DOB: _____

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