



Elizabeth Avaricio MD, PLLC  
Where your child's health comes first

FAAP  
Diplomate of the American Board of Pediatrics

**Child 1:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Ethnicity (Circle One): Hispanic / Non-Hispanic / Unknown / Race: Asian / Black / Hawaiian / White  
Grade School/College: \_\_\_\_\_ School/College Name: \_\_\_\_\_

**Child 2:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Ethnicity (Circle One): Hispanic / Non-Hispanic / Unknown / Race: Asian / Black / Hawaiian / White  
Grade School/College: \_\_\_\_\_ School/College Name: \_\_\_\_\_

**Child 3:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Ethnicity (Circle One): Hispanic / Non-Hispanic / Unknown / Race: Asian / Black / Hawaiian / White  
Grade School/College: \_\_\_\_\_ School/College Name: \_\_\_\_\_

**Child 4:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Ethnicity (Circle One): Hispanic / Non-Hispanic / Unknown / Race: Asian / Black / Hawaiian / White  
Grade School/College: \_\_\_\_\_ School/College Name: \_\_\_\_\_

**Child 5:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Ethnicity (Circle One): Hispanic / Non-Hispanic / Unknown / Race: Asian / Black / Hawaiian / White  
Grade School/College: \_\_\_\_\_ School/College Name: \_\_\_\_\_

**Mailing Address:**

Street or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Who lives at this household? \_\_\_\_\_

**Insurance:**

**Primary Policy: Policy Holder's Name:** \_\_\_\_\_  
**Insurance Carrier:** \_\_\_\_\_  
**ID #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**Secondary Policy: Policy Holder's Name:** \_\_\_\_\_  
**Insurance Carrier:** \_\_\_\_\_  
**ID #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_