

Mountain View Internal Medicine & Pediatrics
Vipul Parikh, M.D.

Pediatric Patient Information

Child's Name: _____

Date of birth: _____

Who has legal custody of Patient? _____

IF NOT BIOLOGICAL OR ADOPTED PARENTS, COURT DOCUMENTS MUST BE PRESENTED AT TIME OF VISIT

Parent- Legal Guardian Information:

Mother's Information:

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Father's Information:

Mother's Information:

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

If you will be allowing another caregiver to present your child for medical treatment an additional signed authorization is required PRIOR to that individual being allowed to present your child for care in this office.