

HEALTHFIRST FAMILY CARE CENTER, INC.

841 Central Street, Franklin, NH 03235 Tel: (603) 934-1464 Fax: (603) 934-1465

22 Strafford Street, Suite 1, Laconia, NH 03246 Tel: (603) 366-1070 Fax: (603) 366-1071

Intake Form – Up To 18

PATIENT NAME (First) _____ (MI) _____ (Last) _____		
Date of Birth _____		
School Attending _____	Grade _____	
Physical Address of Child: _____		
Street (Apt. #) _____	City _____	State, Zip _____
Mailing Address (if different): _____		
Street (Apt. #) _____	City _____	State, Zip _____
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male/Female-to-Male <input type="checkbox"/> Transgender Female/Male-to-Female <input type="checkbox"/> Gender Queer		
ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non Hispanic or Latino <input type="checkbox"/> No Selection <input type="checkbox"/> Patient Declined		
RACE: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander		
Primary Language: _____		

Child's siblings: _____

PARENT/GUARDIAN INFORMATION		
MOTHER'S NAME (First) _____ (MI) _____ (Last) _____		
Home Phone Number _____	Cell Phone Number _____	List as Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
FATHER'S NAME (First) _____ (MI) _____ (Last) _____		
Home Phone Number _____	Cell Phone Number _____	List as Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who has custody? _____	Joint? _____	Sole? _____
_____ (Please provide confirming paperwork.)		
GUARDIAN/EMERGENCY CONTACT NAME		
Home Phone Number _____	Cell Phone Number _____	List as Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Child _____		

HOW DID YOU HEAR ABOUT HEALTHFIRST?		
<input type="checkbox"/> Hospital <input type="checkbox"/> Friend/Family <input type="checkbox"/> Social Media/Advertising <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Social Service Agency <input type="checkbox"/> Other		