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PLEASE COMPLETE IF PATIENT IS A MINOR

ANY patient under 18 MUST be accompanied by a parent or adult with **LEGAL custody, or **LEGAL** guardian (this includes step-parents) unless there is a **NOTARIZED** letter from the parent stating someone else may bring the child to the appointment. With respect to divorced parents, consent should be obtained from the parent having decision-making responsibility for medical decisions under the parenting plan or custody decree, if any.**

Patient Name (Legal): _____ *Age:* _____ *Date of Birth:* _____
MM DD YYYY

Who has legal guardianship of the minor patient: _____

If parents are separated or divorced, with whom does the patient primarily live? _____

Mother's Name: _____ *Date of Birth:* _____ *SSN:* _____

Address: _____ *Phone#:* _____

Employer: _____ *Employer's Phone #:* _____

Email Address: _____

Father's Name: _____ *Date of Birth:* _____ *SSN:* _____

Address: _____ *Phone#:* _____

Employer: _____ *Employer's Phone #:* _____

Email Address: _____

Other Legal Guardian's Name: _____ *Date of Birth:* _____ *SSN:* _____

Address: _____ *Phone#:* _____

Employer: _____ *Employer's Phone #:* _____

I UNDERSTAND THAT I AM THE LEGAL PARENT OR LEGAL GUARDIAN FOR THE ABOVE CHILD. I CONSENT THAT I HAVE FULL DECISION MAKING RESPONSIBILITY FOR MEDICAL DECISIONS UNDER THE PARENTING PLAN OR CUSTODY DECREE, IF ANY.

X _____ (Signed) Date: _____
 SIGNATURE OF LEGAL PARENT OR GUARDIAN