

Confidential Channels of Communication

Change/Verification of Information • OC Children's Medical Group

Please fill out the form in its entirety to confirm we have the accurate contact information for you and your child(ren). This form is used to record any changes in addresses or phone numbers as well as ensure that we are verifying all patient information annually. Thank you for your time and cooperation in helping us keep our systems updated!

Child(ren) Information

Full Name (First, Middle, Last):	Date of Birth:	Gender:
1.		
2.		
3.		

Parent Information

Full Name:	Relationship to patient:
Address:	
Email:	
Cell Phone:	Home Phone:

Parent Information

Full Name:	Relationship to patient:
Address:	
Email:	
Cell Phone:	Home Phone:

Emergency Contact (other than parent/guardian)

Full Name:	Relationship:
Home Phone:	Cell Phone

I understand that Orange County Children's Medical Group will contact me via phone call, voicemail, email, and/or mail correspondence to the contact information listed above. I also certify that I am the patient's parent or guardian and am authorized to sign this form.

Print name: _____ Relationship: _____

Signature: _____ Date: _____