

Dermatology Professionals, PA  
13359 Isle Drive, Suite 3  
Baxter, MN 56425

**Minor Registration Form**

**Account#** \_\_\_\_\_

(This information is necessary for our files and will be considered confidential)

Provider: AEA TJG KLJ PBL NTM BRW KJN

*Minor Policy: It is required that a parent/legal guardian must accompany a minor child to a new patient visit. If needed, a form is available from the reception staff authorizing another adult to accompany the minor child to follow up appointments. The form must be completed by a parent/legal guardian prior to the appointment or the appointment may need to be rescheduled.*

Parent/Guardian Initials \_\_\_\_\_

**Please circle the location you would prefer for any future appointments: (select only one)**

**Bemidji Baxter Grand Rapids Outreach Locations:**

**Aitkin Crosby Little Falls Wadena Bigfork**

Minor's Full Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Preferred Language: \_\_\_ English Other: \_\_\_\_\_

Race: \_\_\_ White \_\_\_ Native American \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Hawaiian/Pacific Islander Other: \_\_\_\_\_

**Accompany Parent/Legal Guardian Information: Parent 1**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ Land Line

Alternate Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ Land Line

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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**Additional Parent/Legal Guardian Information: Parent 2 (Please complete to verify person as parent/guardian so they may receive information regarding this account or in the event of an emergency)**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Same address as above Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ Land Line

Employer: \_\_\_\_\_ Work Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_