



**Pediatric Associates**  
*Pediatric and Adolescent Medicine*

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901 Route 23 South  
Pompton Plains, NJ 07444  
Phone: (973) 831-4545  
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**EMR Info Sheet**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent E-Mail Address: \_\_\_\_\_

**Race:** Asian  Black  Hispanic  White  (*pick one*)

**Language:** English  Sign Language  Spanish  Other

**Ethnicity:** Latino  Non-Latino  Refuse to Answer

Primary Care Provider: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Primary Pharmacy – **PLEASE BE AS SPECIFIC AS POSSIBLE WITH LOCATION**

Pharmacy Name: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies \_\_\_\_\_ None

Current Medications: \_\_\_\_\_

Any new family health/history?  
\_\_\_\_\_  
\_\_\_\_\_

Any mental health/substance abuse issues \_\_\_\_\_

Any communication issues (blind, language, etc.)

Any family, social or cultural issues \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_