

**PATIENT INFORMATION** **TODAY’S DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **NAME** | **DATE OF BIRTH** | **AGE** | **SEX: M/F** |
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**RACE**

 American Indian  African American  Pacific Islander  Caucasian  Other  Declined

**ETHNICITY** Hispanic/Latino Not Hispanic/Latino  Declined

**HOME ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**APT #**\_\_\_\_\_\_

**CITY**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**STATE**\_\_\_\_\_\_\_\_**ZIP CODE**\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian’s email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian’s email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about us?** OB/GYN (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Internet Insurance Advertisement Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact (someone other than parents/legal guardian)**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIMARY INSURANCE**

Insurance Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID/Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECONDARY INSURANCE**

Insurance Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID/Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any significant medical problems for child(ren)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does anyone in the family (grandparents, mom, dad, etc.) have any of the following medical conditions? If so, please put who in the blank space:**

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| --- | --- |
| High blood pressure | Allergies |
| High cholesterol | Asthma |
| Diabetes | Cancer |
| Sickle cell disease | Other conditions |

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| **Insurance Card** |
| I acknowledge that at the time of each visit, I am responsible for providing my insurance card.  **(If a PCP is required by your insurance company you must contact your insurance company and select one of the physicians with Growth and Wellness Pediatrics prior to date of service) If you fail to change your child(s) PCP prior to your child(s) appointment, your child(ren) will be rescheduled.** |

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| **Late & Missed Appointment Policy** |
| If you must cancel an appointment, please give us at least 24 hours’ notice or you will be charged a $25 missed appointment fee. **More than 3 missed appointments may result in being discharged from the practice.** |

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| **Appointment Reminders** |
| You may receive a reminder regarding your child’s appointment by either phone or email. Please keep in mind that an appointment reminder is a **COURTESY** call or email. It is not something we have to do. Please add your child’s appointment to your calendar upon scheduling it. |

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| **Health Assessment & School Forms** |
| I understand that there is a $10 fee for forms to be completed. That means $10 per school form per child. If a form is brought in on the day of your child’s physical, there is no charge and we will try our best to complete the form at your child’s appointment. **(In some cases, we are not able to complete the form)** If it is brought in after your child’s physical has been completed, the $10 fee applies and there is a 3-5 business day wait for the form to be completed. |

**By signing below, I understand and agree with the policies mentioned above.**

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| Parent/Guardian’s Name |
| Signature |
| Date |