

Patient's Full Name: _____

Patient's Date of Birth _____ Sex _____

Guarantor/ Responsible Party:

Name: _____

Address: _____ Telephone _____
Street City State Zip

Father	Mother
Name: _____	Name: _____
Address: _____	Address: _____
Home #: _____ Cell #: _____	Home #: _____ Cell #: _____
Social Security #: _____ Date of Birth _____	Social Security #: _____ Date of Birth _____
Employer: _____	Employer: _____
Phone # _____	Phone # _____
Occupation: _____	Occupation: _____

Child Resides with: Mother/ Father/ Both Parents/ Other

Are we able to leave a message or appointment reminder on your phone? Yes/ No

What is the best number to reach you? _____

Alternate contact and Phone # _____

How did you hear about us? _____

Do we have permission to treat your child in your absences? Yes / No

I consent for Pediatrics, P.C. to use PHI (Private Healthcare Information) of the child for TPO (Treatment, Payment and Health Care Operations).

I authorize and direct Pediatrics, P. C. to provide ongoing routine and emergency health care. This consent shall remain, in effect, until revoked in writing or the child turns the age of 19.

I understand a telephone consent may be obtained when treatment is needed and an adult is unable to accompany the patient at the time of services. Telephone Consents require a witness. Whenever possible, telephone consents should be followed up with a signature or fax.

Pediatrics, P.C. feels that wellness exams are very important to check on growth, development, nutrition, and to provide guidance for your child. If a concern arises during your child's wellness exam, you may be asked to schedule a follow up appointment at a different time. Occasionally, circumstances may arise when extra time for problems may need to be performed at your wellness exam and not be rescheduled. Your insurance company may not pay for the extra time, so you may be charged for the non-covered services.

Parent/ Guardian _____ Date _____

Witness _____ Date _____

Please complete the following if applicable:

The patient has been deemed qualified to consent to his/her own health care services. An emancipation or legal exception has been established based on the following:

- Emancipation, self- supporting, free of prenatal care, custody and control
- Married, or previously married minor
- Family Planning Services
- Diagnosis/treatment for venereal disease
- Under the influence of a dangerous drug or narcotic
- Meets mature minor criteria
- Other (explain) _____

Due to the following situation, administrative/legal approval has been obtained for _____ (treatment/procedure), by _____ because

- unavailable parents/ guardian
- abandoned minor.