



PATIENT INFORMATION

PLEASE WRITE **LEGIBLY** AND FILL THIS SECTION OUT **COMPLETELY**.

LAST NAME: _____ FIRST NAME: _____

MALE / FEMALE BIRTHDATE: _____ PHONE NUMBER _____

SIBLINGS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHARMACY: _____ PHARMACY PHONE NUMBER: _____

GESTATIONAL AGE: HOW LONG WAS THE PREGNANCY FOR THIS CHILD? _____ WEEKS

FOR ELECTRONIC MEDICAL RECORDS DEMOGRAPHICS

RACE: AMERICAN INDIAN OR ALASKA NATIVE ASIAN WHITE BLACK/AFRICAN AMERICAN NATIVE

HAWAIIAN/OTHER PACIFIC ISLANDER HISPANIC OTHER REFUSE TO ANSWER

ETHNICITY: _____

GENERAL OFFICE POLICIES

• **MISSED APPOINTMENT POLICY---** **PLEASE READ CAREFULLY**

- Unless there are extenuating circumstances, a 24-hour notice of cancellation is required for all scheduled appointments. Failure to give a 24-hour notice may result in a **\$35.00 fee** for an office/sick visit. The missed appointment fee cannot be billed to the insurance.
- A patient may be asked to re-schedule their appointment if they are more than 15 minutes late for that appointment. A call to verify availability is appreciated.
- It is your responsibility to notify us of any changes in your insurance well before the time of your appointment. If you arrive for your appointment and there is a problem with your insurance coverage, our staff may or may not have the time to address it properly and we may ask you to pay for the visit privately or reschedule your appointment. It is also your responsibility to understand your insurance policy. If your insurance requires you to select a PCP, for example, and you are assigned to someone other than our doctors at the time of your visit, your insurance will not cover the visit until you contact your insurance to change your PCP and you will have to reschedule or pay for the visit privately.
- When you call our office, please be prepared. If you want to make an appointment, have your calendar out. If you need your doctor to sign forms for school, know which forms they are and what exactly that school is asking of you. If you call for directions, be able to describe where you're coming from.
- We have a service that directs your call to the area that can help you the fastest. Please respect the phone service and dial the appropriate number, so we can best serve everyone that calls our office.

I M P O R T A N T : SINCE OUR PRACTICE FOLLOWS THE AMERICAN ACADEMY OF PEDIATRICS IMMUNIZATION SCHEDULE, WE CAN NOT SEE PATIENTS WHO WISH TO OPT OUT OR SPLIT VACCINES. BY SIGNING THIS FORM YOU ACKNOWLEDGE AND ACCEPT OUR GENERAL OFFICE POLICIES.

SIGNATURE OF PARENT/GUARDIAN or PATIENT IF 18+

DATE