PATIENT INFORMATION

Patient Name_____ DOB_____ Sex **M** **F**
Primary Phone #_____ e-mail Address_____
Patient Address_____
Street City State Zip

Parent/Guardian_____
Relationship to Patient _____
Address_____
_____
DOB:_____ Phone #_____
Employer_____
Occupation_____
Patient Insurance Co. _____
Pharmacy_____

Parent/Guardian_____
Relationship to Patient _____
Address_____
_____
DOB:_____ Phone #_____
Employer_____
Occupation_____
Policy Holder_____
Preferred Method of Contact: **CALL** / **TEXT** / **EMAIL**

**New Patients: How did you hear about Maumee Pediatrics*? _____

LIST OF SIBLINGS AND THEIR BIRTHDAYS_____

_____

I hereby consent to medical treatment for the above listed children. I hereby authorize my insurance benefits to be paid to Maumee Pediatric Associates, LLC, realizing I am responsible to pay for non-covered services and any copays at time of service.

_____
Parent/Guardian Signature Date

FAMILY HISTORY

If a family member has had any of the following problems, check the box and list the appropriate family member.

M-Mother F-Father S-Sibling GM-Grandmother GF-Grandfather A-Aunt U-Uncle

□_____ Deafness	□_____ High Cholesterol	□_____ Learning Disorder
□_____ Allergies	□_____ High Blood Pressure before age 50	□_____ ADHD
□_____ Drug Allergies	□_____ Heart attack/stroke before age 50	□_____ Anxiety/Depression
□_____ Asthma	□_____ Anemia/Blood Disorders	□_____ Seizures
□_____ Eczema	□_____ Diabetes	□_____ Sudden Death

NEWBORN HISTORY

Term of Pregnancy_____weeks Obstetrician_____ Hospital_____
Birth Weight _____ Birth Length _____ Discharge Weight _____ Apgars _____
Delivery: □ C-Section □ Vaginal Jaundice: □ Yes □ No Phototherapy: □ Yes □ No
Breastfeeding: □ Yes □ No Bottle feeding: □ Yes □ No Are there any smokers in the home: □ Yes □ No

I hereby consent to medical treatment for this child. I hereby authorize my insurance benefits to be paid to Maumee Pediatric Associates, LLC, realizing I am responsible to pay for non-covered services and any copays at time of service.

_____
Parent/Guardian Signature Date