

PEDIATRIC JUNCTION – WAITING LIST QUESTIONNAIRE

Red Outlined Fields Must Be Completed

Date: _____

Requestor Name: _____ Parent ___ Guardian ___ Other _____

Contact Information (please provide email if one is available)

Main Phone: _____ Alternate Phone: _____

Email Address: _____ Alternate Email: _____ (req'd for Pays CISD)

Is this for current pregnancy? ___ ~~NO~~ Delivery Date, if Yes _____

Delivery Place _____ OB/Gyn/Midwife Name _____

Please answer for Newborns:

Pediatric Junction requires the following screenings and treatments for all newborns. In extenuating circumstances, a maximum of two days following birth is allowed. ~~Ú^a^ & q|Á ~& È~~

- Vitamin K
- Eye Ointment (antibiotic)
- Newborn Screen
- Hearing Screen
- Hep B

_____ I agree with the above newborn requirements

Úa|á * (s) Name: (if applicable)

_____ DOB _____

_____ : DOB _____

_____ : DOB _____

_____ : DOB _____

_____ DOB _____

Current Pediatrician (if any) _____ How long? _____

Comments regarding children or health issues:

How long have you lived in local area? _____

How did you hear about our office? _____

Name of Referring Person (if applicable): _____

Check as many as apply:

Military ___ School Teacher ___ Peace Officer ___ Fireman ___

Preferred Physician

Dr. Karyn Collins _____ Dr. Anna Lincoln _____ No Preference _____

Patient Insurance Coverage

Pediatric Junction physicians, Dr. Lincoln and Dr. Collins, are pro active regarding vaccines and follow the guidelines of the American Academy of Pediatrics (see our website www.pediatricjunction.com). All patients must participate in the recommended vaccine schedule and as necessary a catch-up or alternative schedule will be developed to assure compliance to the CDC recommendations.

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_____ I agree to follow the vaccine requirements as shown at www.pediatricjunction.com and as recommended by the American Academy of Pediatrics and the US CDC.