Juniper Family Medicine Pediatric Information Sheet

Do you vaccinate your child? ***YES or NO***

Juniper has a vaccination policy. You and your child must have current vaccines to become a patient at Juniper. If you answer **no** to the above please ***do not continue***.

Child's First & Last Name_____ Date of Birth_____ M or F

Address_____City_____State_____Zip_____

Mother's Name_____Phone_____

Father's Name_____Phone_____

Insurance _____ID#_____

Policy Holder _____Policy Holder DOB_____

Person Responsible for Payment? Name_____SS#_____

Address _____Child lives with?_____

Other Persons Living in the Home: _____ _____ _____ _____

School & Grade (including Preschool)_____Is your child doing well in school? Y/N

How much did your child weigh at birth?_____Lbs_____oz

Were there any complications of pregnancy? Y/N Were there any complications of Labor or Delivery? Y/ N

Has the child ever had any of the following? (Give dates where possible)

Frequent ear infections _____Asthma_____ Kidney or bladder infection_____

Serious head injury_____ Seizures_____ Surgery (type)_____

Has your child ever been hospitalized overnight? (give reason and date)_____

Are there any medical problems in the family including grandparents?

Relative ***Medical Problem***

_____

_____

Does the child have any medication allergies?_____

For Parents/Guardians

- Do you have trouble paying heat, water or electricity bills? Y/N
- Do you have enough food available? Y/N
- Do you have problems with transportation? Y/N
- Do you feel your child is safe? Y/N
- Do you have a consistent place to live? Y/N

- Child's Name_____Date of birth_____

- What concerns or medical problems about your child would you like to discuss with the provider?

_____

Where was the child seen before?_____

Are the immunizations up to date?_____ Records Located?_____

By signing below, as this child's parent or guardian, you agree that the above information is true and correct. You authorize Juniper Family Medicine PLLC to leave a voicemail on the phone number(s) above unless otherwise noted. Should there be any missing information, Juniper may refuse service. If you cannot make the child's appointment, please call us as soon as possible to avoid the following: ***No Show Fee is $50. Well Child visit No Show Fee is $100***. If you No Show a third time, you may be discharged from this practice. By signing this, you also acknowledge receipt of Juniper Family Medicine's HIPAA Privacy Act Policy. This policy indicates we participate with the Colorado Prescription Monitoring Program and authorizes JFM to obtain your prescription history. We also may access the Quality Health Network which is a secure, centralized health information data base only for healthcare professionals to obtain past medical records. We will bill your insurance, but if there is a co-pay, it is due at the time of service. If you have not met your deductible, we will also ask you to pay the JFM office visit balance at the time of service.

Parent/Guardian Signature_____Date_____