

**GARDENS PEDIATRICS**

***Patient Information***

**Child's Name:** \_\_\_\_\_, \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** M [ ] F [ ]  
Last First Middle

**Contact No: Home:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent / Guardian:**

**1. Mother:** \_\_\_\_\_ **Work Ph No:** \_\_\_\_\_

**2. Father:** \_\_\_\_\_ **Work Ph No:** \_\_\_\_\_

**3. Other (Specify)** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Additional Emergency Contacts:** \_\_\_\_\_  
Name Relationship Phone Number

**Guarantor (Person Financially Responsible):**  **Father.**  **Mother.**  **Other (Specify)** \_\_\_\_\_

**Guarantor Address (if different from above):** \_\_\_\_\_

**Besides parents/guardian who else is authorized to bring the child for medical treatment? / Relation to the child:**  
\_\_\_\_\_/ \_\_\_\_\_

**WHO REFFERED YOU?**  **Friend / Relative**  **Sibling is Practice Patient**  **Brochure,**  **School/ Daycare**  **OBGYN,**  
 **Yellow Pages,**  **Hospital,**  **Advertisement,**  **Other**

**If referrer is Friend/Relative/School/OBGYN off/Other, we would like to thank them. Give details.** \_\_\_\_\_

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***INSURANCE INFORMATION***

**Insurance Name:** \_\_\_\_\_ **Name of Insured:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Policy No:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_ **S S N# of Insured:** \_\_\_\_\_

***Release and Assignment***

*I hereby give permission to Dr.Gowda at Gardens Pediatrics to examine and administer treatment as may be deemed necessary and assign insurance benefits if any otherwise payable to me for services rendered directly to Dr.Gowda at Gardens Pediatrics. The undersigned agrees that all services are rendered on a paid basis only. If collections become necessary, the undersigned shall pay all costs including attorney's fee. I hereby authorize the doctors to release all information necessary to secure the payments and benefits. I authorize the use of this signature on all my Insurance submissions, whether manual or electronic.*

\_\_\_\_\_  
**Signature of Parent/ Guardian**

\_\_\_\_\_  
**Date:**

***NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT AND CONSENT***

*I have received a copy of the GARDENS PEDIATRICS' Notice of Privacy Practices.  
I consent to the use and sharing of my health records for treatment, payment, and operation purposes as described in the Notice of Privacy Practices. I know that if I do not consent, you cannot provide services to me.*

\_\_\_\_\_  
**Signature of Parent / Guardian**

\_\_\_\_\_  
**Date**

**GARDENS PEDIATRICS NEW PATIENT INFORMATION**

**Dated:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_

List Siblings & Ages.

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**1. Known ALLERGIES :** \_\_\_\_\_

**2. Pregnancy and Birth History: (Fill in if patient is <2 yrs)**

Hospital: \_\_\_\_\_ OB Doctor: \_\_\_\_\_ Birth Weight: \_\_\_ lbs. \_\_\_ oz

Was baby premature?  N,  Y, Was baby born by C- Section ?  N,  Y,

Were there any health problems during pregnancy, labor and delivery?  N,  Y,

Did baby have to stay in nursery longer than expected after delivery?  N,  Y,

**Explain all 'Yes' answers.** \_\_\_\_\_

**3. Family History of Following Disorders.**

Asthma -  N,  Y, Seasonal Allergies -  N,  Y, Seizures -  N,  Y,

Diabetes -  N,  Y, Heart Disease/ Early Death -  N,  Y, Other -  N,  Y,

**Explain all 'Yes' answers.** \_\_\_\_\_

**4. Immunizations: Are your child's immunizations up to date?**  N,  Y,

**5. Past Medical History:** Previous Hospitalizations:  N,  Y, Previous Surgeries :  N,  Y,

Chronic illnesses:  N,  Y, Frequent illnesses:  N,  Y, Serious illness:  N,  Y,

Learning Impairment:  N,  Y, Behavioral Problems:  N,  Y, Mental Health issues:  N,  Y,

**Explain all 'Yes' answers.** \_\_\_\_\_

**6. List all Medications taken on a regular basis:** \_\_\_\_\_

**7a. Developmental History (Fill out if child is < 3 years).**

Did child sit alone by 7 months?  N,  Y, Did child walk independently by 14 months.  N,  Y,

Vocabulary: 3 words by 15 months?  N,  Y, Any concerns of Child's social skills?  N,  Y,

**7b. Has your child shown any Developmental or Speech or Fine Motor or Social skills delay or slowing?**  N  Y.

**Explain all 'Yes' answers.** \_\_\_\_\_

**8. Miscellaneous:** Language spoken at home:  English,  Spanish  Other \_\_\_\_\_

**PLEASE FURNISH A COPY OF VACCINATION RECORDS AT FRONT DESK.**