

PRIMARY PEDIATRICS

Please choose your preferred primary care provider (PCP). A PCP is the primary provider to manage all your child's medications and screenings. Every attempt will be made to schedule well checks and medication follow ups with the child's primary care provider. **Please circle one:**

Sheila Harmeling, MD Amanda Dropic, MD Elizabeth Nields, MD Kristie Thelen, APRN Mandy Race, APRN

PATIENT INFORMATION (LIST ALL CHILDREN WHO HAVE THE SAME RESPONSIBLE PARTY AND INSURANCE):

NAME: _____ DATE OF BIRTH: _____ SEX: M OR F

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NAME: _____ DATE OF BIRTH: _____ SEX: M OR F

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

RESPONSIBLE PARTY INFORMATION (WHERE SHOULD WE SEND BILLS AND CORRESPONDENCE)

NAME: _____ DATE OF BIRTH: _____ SEX: M OR F

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

RELATIONSHIP TO PATIENT: _____ PHONE: _____

INSURANCE INFORMATION:

SUBSCRIBER NAME: _____ DATE OF BIRTH: _____ SEX: M OR F

RELATIONSHIP TO PATIENT: _____ PHONE: _____

INSURANCE NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ EFFECTIVE DATE: _____

SUBSCRIBER ID: _____ GROUP NUMBER: _____

PARENT/GUARDIAN INFORMATION:

MOTHER'S NAME: _____ EMAIL: _____ PHONE: _____

FATHER'S NAME: _____ EMAIL: _____ PHONE: _____

PRIMARY LANGUAGE: _____ RACE: _____ ETHNICITY: _____

CAN WE TEXT YOU WITH APPOINTMENT REMINDERS? IF SO, BEST TEXT # _____

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____