



We ask these questions so we can create a better, more intimate level of service for you!

OTHER RELEVANT QUESTIONS FOR YA!

Race

- American Indian or Alaska Native
- Asian
- Hispanic
- Polish
- Other
- African American
- Native Hawaiian or Pacific Islander
- Arabic
- White

Languages spoken at home

- English
- Indian dialect
- Polish
- Spanish
- Arabic
- Other

WE'RE MAKING YOUR LIFE EASIER ALREADY !

Please identify the nearest pharmacy you want medication called into. This way, once you leave the office, your child is on his/her way to feeling better!

Pharmacy / Grocery store name: _____ Phone: _____

Important!! Our lawyers made us include this statement....but it helps ensure the best care for your child!!

I authorize the treatment of my child by a Provider employed by Alzein Pediatrics. I authorize the release of any information concerning my (or my child's) healthcare, advice, and treatment provided for the purpose of evaluation and administering claims for insurance benefits. I also hereby authorize payment of insurance benefits otherwise payable to me directly to the Provider, realizing I am responsible to pay non-covered services. I am also aware of the payment and fee policies of Alzein Pediatrics.

X _____

Signature of parent (other patient if over 18)

Date





Patient Name: _____ DOB: _____

MEDICAL HISTORY / EVENTS ABOUT YOUR CHILD

	YES	NO
Prematurity		
Apnea		
Congenital problems		
Heart problems		
Asthma		
Arthritis		
Cancer		
Chemical dependency		
Convulsion / epilepsy		
Diabetes		
Heart disease		
Hemophilia (bleeding)		
High blood pressure		
Kidney disease		
Mental disorder		
Migraines		
Sickle cell		
Tuberculosis		
Cutest kid in the world (officially of course!)		
Other		