

## **INTAKE FORM - Welcome!**

Reviewed & Entered by Staff Member: \_\_\_\_\_

Katerina Silverblatt, MD and Maria Beatriz Maidana Moreno, MD

Heights Pediatrics

Heights Pediatrics

Patient's Full Name:			Date of Birth: _	/_	/
☐ Female ☐ Male Hospital Del	ivered:	Did your child r	eceive HepB in	the hosp	oital?
Address:	Apt#:	City:	State	e: Z	ːip:
Language: Race	: Ethnic	ity: 🗆 Hispanic	□Not Hispani	c 🗆 Decl	ine to Specify
Parent/Guardian Name:		D	ate of Birth:	/	
Home Phone: (	Cell Phone: (	)	Work: (	)	
Email Address:		Social S	ecurity:		
Parent/Guardian Name:		D	ate of Birth:	/	_/
Home Phone: (					
Email Address:					
Address (if different from primary					
Emergency Contact (other than p	parents):		Phone: (	)	
Preferred Pharmacy:	Phone	e: ()	7	Zip Code:	
Insurance Carrier:					
Insurance Carrier:Policy Holder:					
	Relationship	to Patient:			
Policy Holder:	PARENTS CAN BRING IN OUALS OTHER THAN PAR	o to Patient: CHILD/REN ENTS TO ACCO	MPANY CHILD	SS#	TREATMENT
CONSENT TO TREAT: ONLY F  CONSENT TO PERMIT INDIVID  (Authorize nanny/grandparent/stemedical services and to view/discontinuous)	PARENTS CAN BRING IN PUALS OTHER THAN PAR PEP-parent/sitter to accompa	CHILD/REN ENTS TO ACCO	MPANY CHILD	_ SS# <b>REN FOR</b> s, P.C. for t	TREATMENT
Policy Holder:	PARENTS CAN BRING IN PUALS OTHER THAN PARE POPULATION OF THE PROPERTY OF THE P	CHILD/REN ENTS TO ACCO any child(ren) to H information.) Ple	MPANY CHILD Heights Pediatrics ase list all names	_ SS# <b>REN FOR</b> s, P.C. for t	TREATMENT
CONSENT TO TREAT: ONLY F  CONSENT TO PERMIT INDIVID  (Authorize nanny/grandparent/ste medical services and to view/disce bring in your child(ren):  These individuals are able to a	PARENTS CAN BRING IN PUALS OTHER THAN PAR ep-parent/sitter to accompa uss child's protected health	CHILD/REN ENTS TO ACCO any child(ren) to H information.) Ple	Heights Pediatrics ase list all names	REN FOR	TREATMENT he provision of uals allowed to
Policy Holder:	PARENTS CAN BRING IN PUALS OTHER THAN PAR Pupper parent/sitter to accompa Puss child's protected health Public procedures such a Public procedures	CHILD/REN ENTS TO ACCO any child(ren) to H information.) Ple as (check categoricuse Tests (strep	Heights Pediatrics ase list all names es):	REN FOR s, P.C. for t of individ	TREATMENT he provision of uals allowed to
CONSENT TO TREAT: ONLY F  CONSENT TO PERMIT INDIVID  (Authorize nanny/grandparent/stemedical services and to view/discebring in your child(ren):  These individuals are able to a limit li	Relationship PARENTS CAN BRING IN PUALS OTHER THAN PAR Pep-parent/sitter to accompa Puss child's protected health Puthorize procedures such a Puthorize procedures such a Puthorize procedures such a Puthorize Division   National Street	CHILD/REN ENTS TO ACCO any child(ren) to h information.) Ple as (check categori ouse Tests (strep	PMPANY CHILD Heights Pediatrics ase list all names es): test, RSV test, flu	REN FOR s, P.C. for to of individe	TREATMENT he provision of uals allowed to he test, etc.) D OLDER]
CONSENT TO TREAT: ONLY F  CONSENT TO PERMIT INDIVID  (Authorize nanny/grandparent/stemedical services and to view/discebring in your child(ren):  These individuals are able to a limit li	PARENTS CAN BRING IN PUALS OTHER THAN PAR PEP-parent/sitter to accompa Puss child's protected health Puthorize procedures such a Puthorize pro	CHILD/REN  ENTS TO ACCO  In y child(ren) to he  Information.) Ple  Is (check categoric  Ouse Tests (strep  IGHTS PEDIATE  Inel to deliver me	PMPANY CHILD Heights Pediatrics ase list all names es): test, RSV test, flu	REN FOR s, P.C. for to of individe	TREATMENT he provision of uals allowed to he test, etc.) D OLDER]
CONSENT TO TREAT: ONLY F  CONSENT TO PERMIT INDIVID  (Authorize nanny/grandparent/stemedical services and to view/discepting in your child(ren):  These individuals are able to a limit li	PARENTS CAN BRING IN PUALS OTHER THAN PAR PEP-parent/sitter to accompa Puss child's protected health Puthorize procedures such a Puthorize pro	CHILD/REN  ENTS TO ACCO  In y child(ren) to he  Information.) Ple  Is (check categoric  Ouse Tests (strep  IGHTS PEDIATE  Inel to deliver me	PMPANY CHILD Heights Pediatrics ase list all names es): test, RSV test, flu	REN FOR s, P.C. for to of individe	TREATMENT he provision of uals allowed to he test, etc.) D OLDER]
CONSENT TO TREAT: ONLY F  CONSENT TO PERMIT INDIVID  (Authorize nanny/grandparent/stomedical services and to view/discobring in your child(ren):  These individuals are able to a liminary lab of the consent to treat unaccol (Request and authorize Heights Perimmunizations, in house lab work)  Heights Pediatrics, P.C. is authorized to the consent to th	PARENTS CAN BRING IN PUALS OTHER THAN PAR Pep-parent/sitter to accompanies child's protected health Puthorize procedures such a rders	CHILD/REN  ENTS TO ACCO  any child(ren) to he information.) Ple  is (check categorianuse Tests (streptions)  EIGHTS PEDIATE  anel to deliver me DR CHILD.)	es): test, RSV test, fluction and care. This in our confidentia	REN FOR s, P.C. for to of individual test, uring EARS AN acludes rough	TREATMENT he provision of uals allowed to he test, etc.) D OLDER] utine
CONSENT TO TREAT: ONLY F  CONSENT TO PERMIT INDIVID  (Authorize nanny/grandparent/stemedical services and to view/discepting in your child(ren):  These individuals are able to a large la	PARENTS CAN BRING IN PUALS OTHER THAN PARE Pep-parent/sitter to accompany Puss child's protected health Puthorize procedures such a procedure	CHILD/REN  ENTS TO ACCO  any child(ren) to H  information.) Ple  is (check categori  ouse Tests (strep  IGHTS PEDIATI  anel to deliver me  DR CHILD.)  ment information  and fees from the	Heights Pediatrics ase list all names es): Hest, RSV test, fluctions are care. This in our confidential credit card below	REN FOR s, P.C. for to of individual test, uring EARS AN acludes rough	TREATMENT he provision of uals allowed to he test, etc.) D OLDER] utine
CONSENT TO TREAT: ONLY F  CONSENT TO PERMIT INDIVID  (Authorize nanny/grandparent/stemedical services and to view/discepting in your child(ren):  These individuals are able to a lamburizations Lab O  CONSENT TO TREAT UNACCOMMITMENT	Relationship  PARENTS CAN BRING IN  PUALS OTHER THAN PAR  Pupper parent/sitter to accompanies child's protected health  Putper procedures such a right of the procedures of the procedures such a right of the procedures of the procedure o	CHILD/REN  EENTS TO ACCO  any child(ren) to he information.) Ple  is (check categoria couse Tests (strep EIGHTS PEDIATE anel to deliver me DR CHILD.)  ment information and fees from the MERICAN EXPRES	es):  Action our confidential credit card below	REN FOR s, P.C. for the of individual test, uring the second and files. You when you test	TREATMENT he provision of uals allowed to the test, etc.) D OLDER] utine ur signature ou sign the
CONSENT TO TREAT: ONLY F  CONSENT TO PERMIT INDIVID  (Authorize nanny/grandparent/stemedical services and to view/discebring in your child(ren):  These individuals are able to a lambda lambda lab of the lab of	Relationship PARENTS CAN BRING IN PUALS OTHER THAN PARE Pep-parent/sitter to accompa uss child's protected health Pauthorize procedures such a rders	CHILD/REN  ENTS TO ACCO  any child(ren) to H information.) Ple  Is (check categori ouse Tests (strep IGHTS PEDIATI anel to deliver me DR CHILD.)  Thent information and fees from the MERICAN EXPRES Ardholder Signa	es):  test, RSV test, fluction our confidential care below  credit card below  DISCOVE	REN FOR s, P.C. for to of individual test, uring EARS AN acludes rought al files. You w, when you ER	TREATMENT he provision of uals allowed to the test, etc.) D OLDER] utine ur signature ou sign the

Parent Signature:

Date: \_\_\_\_/\_\_\_