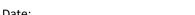
PATIENT REGISTRATION FORM

To be completed by parent





Date				
	CHILD'S IN	FORMAT	ION	
First Name:	Middle Initial:		Last Name:	
Date of Birth:	Gender: 🗆 Male	□ Female	Race:	
Ethnicity: 🗆 Hispanic 🗆 Non-Hispanic				
		FORMAT.	ION	
PRIMARY CONTACT	FAMILY IN		DARY CONTACT	
	elationship:	Parent's Name:		
Date of Birth:		Date of Birth:		
Street Address:		Street A	ddress: ☐ Same as Primary	
City/State/Zip:		City/Stat	te/Zip:	
Phone:		Phone:		
Ok to text? Yes No Please initial:		Ok to te	xt? 🗆 Yes 🗆 No Please initial:	
Email:		Email:		
Ok to email? Yes No Please initial:		Ok to email?		
Occupation:		Occupation:		
Employer:		Employe	er:	
Please list all those living in the home:				
If parents not married, please explain cust	ody status:			
Stepparent(s) Name: N/A				
Name: Name:				
	MERGENCY CON	TACT INFO	ORMATION	
Emergency Contact (Other than parent):				
Phone:	Relationship to Pa	tient:		
	<u> </u>			
DDIAAADV INCLIDANCE (Disease gravida	INSURANCE	INFORM <i>A</i>	ATION	
PRIMARY INSURANCE (Please provide of Name of Insurance:	ard)	Policy #:	Group #:	
Policy Holder:		Folicy #.	σιουρ #.	
1 oney Holder.				
SECONDARY INSURANCE (Please providence)	le card)	□ N/A		
Name of Insurance:		Policy #:	Group #:	
Policy Holder:				
_AU1	HORIZATION TO	RELEASE I	INFORMATION	
			acquired in the course of my child's examinations	or

I hereby authorize Heart to Heart Pediatrics, LLC to release any information acquired in the course of my child's examinations or treatments to my insurance company.

Parent/Guardian's Signature:	Date:

PATIENT MEDICAL HISTORY

To be completed by parent



Date:			
Patient Name:	D	ate of Birth:	
Is the patient adopted? ☐ Yes ☐ No	•		
Current prescribed medications:			
Current vitamins/supplements:			
Allergies (include reaction)			
Medications:			
Food:			
Is your child vaccinated on the routine AAP schedule? Yes No If not, plea	ase explair	1:	
Any previous reactions to vaccines?			
Леdical History:			
☐ Seasonal Allergies ☐ Pneumonia		□ Bedv	wetting (after age 5)
□ Eczema □ Heart Disease			oid Disorder
☐ Headaches ☐ Heart Murmur			etes (Type 1/Type 2)
□ Problems with vision □ GERD			
☐ Problem with hearing ☐ Constipation		☐ Auti	elopmental Delay sm
☐ Recurrent Ear Infections ☐ Chronic Diarrhea	- · · · · · · · · · · · · · · · · · · ·		
☐ Recurrent Strep Throat ☐ Bladder/Kidney Disease		□ ADH □ Anxi	
□ Asthma □ Recurrent UTIs			ression
□ Wheezing		_	
- Wilcoling		□ Piei	naturity weeks
Other Medical History:			
Hospitalizations:			
Surgeries:			
Current Specialists:			
FOR CHILDREN UNDER 1 YEAR	OLD		
Birth History: ☐ Term (>37 weeks) ☐ Born Premature @	weeks	☐ Single	☐ Multiple Births
	Birth Weig		Birth Length:
Complications:			
Growth & Development: Has growth occurred at a normal rate? Ves N	NO .		
Growth & Development: Has growth occurred at a normal rate? ☐ Yes ☐ No Describe any current developmental issues:	No		
Growth & Development: Has growth occurred at a normal rate? ☐ Yes ☐ Normal Describe any current developmental issues: Any current therapy services?	No		

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FAMILY MEDICAL HISTORY

☐ None of the Above



T: N	Name of	0.4:4	PATIENT'S I	INFORI			
	Name:	IVIIa	dle Initial:		Last Name:		
Date	of Birth:						
			FAMILY MED	DICAL H	IISTORY		
Does	the below history apply to a	ny other childr	en? If so, please	e list the	ir names and DOB and	we'll apply to their charts as well.	
Name	2:	DOB:	Name		me:	DOB:	
Name	2:	DOB:		Na	me:	DOB:	
	indicate which family members. Seasonal Allergies. Food Allergies Eczema Asthma Headaches Epilepsy/Seizures Developmental Delay	per has/had tha	t condition (MG		Crohns Ulcerative Colitis Celiac Disease Irritable Bowel Disease Other Gastrointestin Liver Disease Kidney Disease	nave had any of the following. Also c). ase	
	Autism Spectrum Disorder						
	Anxiety/Depression					renile)	
	Other mental health histo				□ Type 2 (Ad	ult-Onset)	
	Sight/Hearing Problems _				Cancer		
	High Blood Pressure				Blood Disorders		
	High Cholesterol				Blood Clotting Disor	ders	
	High Triglycerides				Genetic Disorders _		
	Heart Attack/Stroke before	e age 55			□ MTHFR		
	Sudden Death (cardiac, et	c.)					
		Α	DDITIONAL F	FAMILY	HISTORY		

 $\hfill\square$ Family History Not Known