

# Peds & Parents Family Care, LLC

Physician & Board-Certified Nurse Practitioners

124-B Andrews Way

St. Mary's, Ga 31558

912-729-7007

## Patient Application & Registration

We ask that you take the time to complete the questionnaire in full. Our providers rely on your thorough and honest answers to determine if they will be able to provide beneficial care to you.

PATIENT INFORMATION			
First Name	Middle Name	Last Name	
Date of birth: (mm/dd/yyyy)	Social Security Number	Gender assigned at birth	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to disclose			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Preferred Language: English Spanish Other			
Email:			
Mailing Address	City	State	Zip code
Primary Phone	Secondary Phone	Alternate Phone	
Emergency Contact	Relationship to Patient	Emergency Contact Phone	
Employment information			
Employer	Occupation	Employer Phone	
GUARANTOR INFORMATION (Responsible party if other than patient)			
Guarantor Name:			
Patient's relationship to Guarantor: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other			
Guarantor Date of Birth: (mm/dd/yyyy)	Guarantor Social Security Number:		
Guarantor Address	City	State	Zip code
Guarantor Primary Phone:			
Guarantor Email Address:			
OFFICE USE ONLY BELOW THIS LINE			
I have reviewed the registration information and medical history submitted for this prospective patient. This patient has <input type="checkbox"/> BEEN APPROVED <input type="checkbox"/> NOT BEEN APPROVED to receive care from Peds & Parents Family Care, LLC.			
_____			

## Peds & Parents Family Care, LLC

<b>Insurance Information</b>				
Primary Insurance		Claims address		
Insurance Phone Number		Policy number / Member ID		Group number
Patients Relationship to policyholder:      Self      Spouse      Dependent      Other				
Policyholder Name		Policyholder Birthdate		Policyholder Social sec. #
<b>Secondary Insurance</b>		Claims address		
Insurance Phone Number		Policy number / Member ID		Group number
Patients Relationship to policyholder:      Self      Spouse      Dependent      Other				
Policyholder Name		Policyholder Birthday		Policyholder Social sec. #
<b>Preferred Pharmacy – Please complete as we use E-Prescribe</b>				
Pharmacy Name		Pharmacy Phone Number		
Pharmacy Address		City		State      Zip code
<b>Additional Questions</b>				
Are you a former patient?		Yes, last seen		No
How did you hear about us?				
<b>Reason for appointment:</b>				
<b>Immunizations</b>				
Up to date		Not immunized		Not up to date      Not sure
State of vaccines:      Georgia      Other				
Name of office for vaccines		Telephone		City      State
<b>Certification of completion</b>				
<p>I have supplied the above information on behalf of myself or my dependent and attest that it is true and complete to the best of my knowledge.</p> <p style="text-align: center;">_____      _____</p> <p style="text-align: center;">Signature      Date</p> <p>Relationship to patient: _____</p>				

## Peds & Parents Family Care, LLC

<b>PARENT or GUARDIAN INFORMATION</b>			
First Name	Middle Name	Last Name	
Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship to Patient	
Email:			
Address:			
Primary Phone:		Secondary Phone:	
First Name	Middle Name	Last name	
Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship to Patient	
Email:			
Address:			
Primary Phone:		Secondary Phone:	<input type="checkbox"/>
Marital Status of Parents:	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> Never Married
<b>Family Members that are current patients:</b>			
Name:			DOB:
Name:			DOB:
Name:			DOB:
Name:			DOB:
Name:			DOB:
<b>SPECIAL COMMUNICATION NEEDS</b>			
Visual impairment:			Hearing impairment:
Speech impairment:			Cognitive impairment:
Sensory impairment:			
<b>PREVIOUS SURGICAL PROCEDURES/YEARS</b>			
Tonsils:	Adenoids:	Ear Tubes:	Appendix:
Heart:			Gallbladder:
Spine:	Joint:	Breast surgery:	
Hernia:			Hysterectomy:
Tubal ligation:	Vasectomy:	Prostate:	
Other:			Other:

## Peds & Parents Family Care, LLC

<b>Personal Health History</b>		
Asthma	COPD/Emphysema	Allergies
Sinus	Bowel/digestive	GERD
Kidney disease	Liver disease	Ear/nose/throat
Headaches	Thyroid	Breast
Urinary tract	Prostate	Heart failure
Diabetes	High Blood Pressure	High Cholesterol
Seizure	Stroke	Arthritis
Bleeding Disorder	Cancer	
ADHD	Autism	Anxiety
Depression	Mental Illness	Addiction
Other:		
<b>Current Health Concerns</b>		
Establish Care	Immunizations	Well exam
Sport physicals	Fever	Cold/flu
Cough/congestion	Ear/nose/throat	Eye redness/discharge
Nausea/vomiting	Abdominal pain	Constipation/diarrhea
Heartburn	Loss of appetite	Difficulty swallowing
Weight loss      gain	Chest pain	Blood pressure
Heart rate	Dizziness	Headache
Blood sugar	Fatigue	Breast pain
Hemorrhoids	Testicular pain	Urine frequency/pain
Rash	Joint pain	Joint swelling
ADHD	Anxiety/depression	Menstrual problems
Accident	Injury	Pregnancy
Referral	Medication	Other:
Other:	Other:	Other:
<b>Females</b>		
Last menstrual period	Reg <input type="checkbox"/> Irregular <input type="checkbox"/>	Pain <input type="checkbox"/> Heavy/clotting <input type="checkbox"/>
Number of pregnancies	Miscarriages	Birth control
Menopause	Hot flashes	Vaginal dryness

**WE DO NOT PRESCRIBE BENZODIAZEPINES OR OPIOIDS.**

IF YOU ARE CURRENTLY TREATED WITH THOSE MEDICATIONS, WE WILL REFER YOU TO  
PSYCHIATRY AND PAIN MANAGEMENT.

## Peds & Parents Family Care, LLC

### **VACCINE POLICY AGREEMENT**

Vaccinating children and adult patients may be the most important health-promoting intervention that is performed by healthcare providers. Because vaccines are effective at preventing serious illnesses and saving lives, it is our policy to vaccinate and immunize all children and adult patients who are cared for at this facility. Due to the serious health hazards of not vaccinating children and adult patients, if you (patient, parent, guardian) at any time choose NOT to VACCINATE yourself or your child, we will request that you SEEK CARE FROM ANOTHER CLINIC.

### **HIPAA POLICY**

Please read our HIPAA policy on our website for information on how personal health information (PHI) is used at Peds and Parents Family Care, LLC. All new and established patients have signed a HIPAA agreement form and acknowledged that they have read our HIPAA policy. If you prefer, a print or electronic copy in PDF format will be provided to you for your review.

### **ACKNOWLEDGMENT**

I have read and understand Peds and Parents Family Care's policy regarding vaccines for children and adult patients and agree to comply. If at any time I refuse to have myself or my child vaccinated for required vaccines, I understand this will result in dismissal of care from the practice.

I acknowledge that I have read and fully understand the HPAA consent located on our website. I have also read the risks and benefits of patient portal use and agree that I understand the risks associated with online communications between physician and patient, and I consent to the conditions outlined within. I acknowledge that using the patient portal is voluntary and will not impact the quality of care I receive from Peds and Parents Family Care, LLC should I decide against using the patient portal. In addition, I agree to adhere to the policies set forth herein and any other instructions or guidelines that my physician may impose for online communications. The patient portal is the most secure way to communicate with the patient. By law, we must provide access to your/your dependent's medical records and allow you to correct discrepancies.

\_\_\_\_\_  
Patient/Parent/Guardian PRINTED Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Parent/Guardian SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient name (Child)

# Peds & Parents Family Care, LLC

Physician & Board-Certified Nurse Practitioners

124-B Andrews Way

St. Mary's, Ga 31558

912-729-7007

## Authorization for Release of Medical Information from Previous Healthcare Provider/Specialist/Hospital

I hereby request and authorize the following healthcare providers:

\_\_\_\_\_  
Previous Healthcare Providers Name

\_\_\_\_\_  
Clinic/Office Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Office Fax Number

To release the following types of information:

\_\_\_\_\_ Complete Medical Records

\_\_\_\_\_ Shot records

\_\_\_\_\_ Consult Notes

For: Name (PRINT): \_\_\_\_\_ DOB: \_\_\_\_\_

For the purpose of continuity of care, please release these records to:

Peds & Parents Family Care LLC

124 Andrews Way Suite B, St. Mary's, GA 31558

Phone: 912-729-7007 Fax: 912-729-3627

All information I hereby authorize to be obtained will be held strictly confidential and cannot be released without my written consent. I understand that this authorization will remain in effect until I withdraw this consent by providing written notification to Peds & Parents Family Care LLC at the above address.

\_\_\_\_\_  
Signature of Patient or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of patient or legal guardian

\_\_\_\_\_  
Date

**Previous medical and immunization records are required prior to scheduling an appointment.**

# Peds & Parents Family Care, LLC

Physician & Board-Certified Nurse Practitioners

124-B Andrews Way

St. Mary's, Ga 31558

Phone: 912-729-7007

Fax: 912-576-3938

Email: pedsnparents@tds.net

## Missed Appointment Policy

Peds & Parents Family Care LLC (PPFC) values your time and ours. We strive to provide efficient, high-quality care to all our patients. Missed appointments can disrupt this important process and impact other patients' access to timely care.

### Policy:

- **Notification:** Patients are expected to notify PPFC at least **48 hours in advance** if they need to cancel or reschedule their appointment. This timeframe allows us to offer the appointment slot to another needy patient.
  
- **Consequences of Missed Appointments:**
  1. **First missed Appointment:** A gentle reminder about the importance of keeping appointments.
  2. **Second missed Appointment:** A **\$20 administrative fee** will be charged to the patient's account.
  3. **Third missed Appointment:** A **\$40 administrative fee** will be charged, and the patient may be required to **pre-pay for future appointments**. This ensures that the clinic is compensated for the reserved time.
  4. **Repeated Missed Appointments:** PPFC reserves the right to dismiss patients who demonstrate a repeat pattern of missed appointments without prior notice. This is the last resort after attempts to understand and address the reason for missed appointments.

### Exceptions:

- We understand that unforeseen circumstances may arise. PPFC will consider waiving or reducing fees for missed appointments on a case-by-case basis due to emergencies, documented illnesses, or other extenuating factors. Parents are encouraged to **communicate promptly** and explain the reason for missing the appointment.

# Peds & Parents Family Care, LLC

## Communication:

- This policy will be prominently displayed in the waiting room and website.
- Appointment reminders will be sent via phone call and text message, along with the option to receive them through email, per patient preference.

## Goal:

We aim to minimize missed appointments, ensure efficient use of our resources and time, and prioritize quality care for all our patients. We encourage open communication and appreciate your cooperation in adhering to the policy.

## Effective Date:

This policy is effective as of Wednesday, March 6<sup>th</sup>, 2024.

## Additional Notes:

- This policy has been adjusted to reflect a **longer notification period (48 hours)** than previously. This allows us to offer appointments to other patients in need.
- The **fee structure** has been modified to **start at a lower amount (\$20) and increase for subsequent missed appointments (\$40)**, aiming for a balanced approach that addresses administrative costs while considering potential financial hardships for patients.
- The policy emphasizes the importance of **patient communication** to understand the reason for missed appointments and explore ways to improve adherence to scheduled appointments.

**I have read and understood this policy:**

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**Print Name**

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**Signature**

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**Date**