



INCOMING NEW PATIENT(S)' QUESTIONNAIRE

1.0	<u>Patient(s) Name</u>	<u>D.O.B.</u>	<u>Current Major Health Problems & Medications Taken . If any:</u>
1.1	_____	_____	_____
1.2	_____	_____	_____
1.3	_____	_____	_____
1.4	_____	_____	_____

2.0 Current Health Insurance Coverage: / /GA-Medicaid-__Std. or __Peach Care; / /Tricare-__Std. or __Prime; / /Private Insurance - _____ or / /Self-Pay.
 (Please Specify Name of the Insurance Carrier)

3.0 Name of Child(ren)'s Previous Physician or Practice: _____
 Address: _____ Zip Code: _____
 Tel. No.: _____ Fax No.: _____

4.0 Primary reason(s) for transferring from your Child(ren)'s previous Physician: _____

5.0 Aside from those listed above, do you have any other child(ren) ages 0 to 18 y.o., living in Columbus and its neighboring area ? / /Yes. / /No. If yes, who is their Primary Care Doctor or what is the name of the Practice they regularly go to for their health care needs: _____

6.0 How did you learn about Dr. Lirio Palmos, dba Care-Well Pediatrics, LLC? a): / /Referred by a relative or friend; b)/ /Phone book; c) / /@ www.carewellpediatrics.com; d)/ /Others: _____

7.0 Are you willing to abide by Care-Well Pediatrics, LLC's (C-WP) Operating Policies/Guidelines on:

- 7.1 "NO-SHOWS" and Patients' "By Appointment Only" visits? / /Yes. / /No.
 - 7.2 '24 hrs. Lead-Time' for request of: a) Shot Records, b) Prescription Refills, c) EED/Head Start/WIC forms, Etc. / /Yes. / /No.
 - 7.3 'Outside Treatment Referrals' for Patient(s) with ADHD or Autism / /Yes. / /No.
 - 7.4 Giving Patient(s) vaccines for all 'vaccines-preventable' diseases / /Yes. / /No.
 - 7.5 Parents/Guardian's responsibility of promptly informing us each time you have new insurance coverage, new contact phone number or new mailing address? / /Yes. / /No.
- 8.0 As parents/guardians, do you: a) / /smoke? / /Yes. / /No.
 b) / /use illegal drugs? / /Yes. / /No.

9.0 Was DFACS, at any time, involved with any of your above-mentioned child(ren)? / /Yes. / /No.

Certified True & Correct By: _____
 _____ (Parent/Guardian's Printed Name) _____ (Parent/Guardian's Signature)
 Contact Phone No.: _____; Email Address: _____ Date: _____
 Address: _____ Zip Code: _____

ACCEPTANCE TO C-WP, APPROVED BY: _____ Date: _____