

# TUSCALOOSA PEDIATRICS

4880 HARKEY LANE,  
TUSCALOOSA, AL 35406  
PHONE: 205-333-8222  
FAX: 205-333-8233

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Dear Expecting Parents,

Congratulations on your pregnancy! We are honored that you have chosen Tuscaloosa Pediatrics to provide medical care for your child. We look forward to getting to know your family over the first 18 years of your child's life.

In order to provide the best care possible for your new baby, we request that you fill out this new patient packet and **return to our office at least two months before your baby is due**. That way we will have all the needed information to schedule your baby's first appointment with his or her pediatrician as soon as they are born. Please **circle your first and second choice pediatricians** on the demographic form. We will make every attempt to make sure your child is scheduled with one of these physicians for all of their checkups. We ideally try to keep you with the same physician each time but in the event that particular physician is unavailable, we will try to schedule you with your second choice. If you desire to change at any point and begin using a physician you did not originally schedule as a first or second choice, please let our front office know.

Tuscaloosa Pediatrics entrusts the care of our newborn patients to the pediatric hospitalists at DCH Regional Medical Center and Northport Medical Center. Please let them know you will be a patient of Tuscaloosa Pediatrics so they can send us all the necessary records. Please call us on the day you are getting discharged to schedule your baby's first checkup. Also, don't forget to call and have your baby added to your insurance policy after they are born.

All babies will need a weight and jaundice check within 1-3 days after discharge from the nursery. Your baby will be scheduled for a visit at our office with our lactation consultant and/or one of our physicians to make sure they are doing well and answer any questions you may have.

Our lactation consultant, Vickie Lyle, RN, IBCLC, is available for prenatal consults as well as for any issues that may arise with nursing after your baby arrives. You are always welcome to call and schedule a visit with Vickie for any concerns.

Again, we are so happy you have chosen Tuscaloosa Pediatrics as your baby's medical home. Please feel free to contact us with any questions.

Sincerely,

The Physicians and Staff of Tuscaloosa Pediatrics

**\*\*\*PLEASE RETURN THIS PACKET AT LEAST 2 MONTHS BEFORE YOUR BABY'S DUE DATE. It is not necessary to have the baby's full name, social security number, or date of birth at the time you turn in the packet as we are aware you may not have all this information yet. You can email to [newbaby@tuscaloosapeds.com](mailto:newbaby@tuscaloosapeds.com) or fax to (205)333-8233.**

# **Tuscaloosa Pediatrics Lactation Consultation Services**

Tuscaloosa Pediatrics knows that breastfeeding can be a challenging yet rewarding journey so we are here to provide support for the mothers of our newest patients. By having a lactation consultant located right here in our office, our physicians can work closely with her in providing the best recommendations to help your newborn thrive.

## ***What is a Lactation Consultant?***

A lactation consultant is a health professional who specializes in breastfeeding. Lactation consultants undergo specialized training and certification to offer support, advice and guidance to people who chose to breastfeed. Lactation consultants can help with painful nipples, milk supply, breastfeeding positions and other common nursing problems.

The International Board of Lactation Consultant Examiners (IBLCE) certifies lactation consultants who meet its rigorous criteria and pass its exam. An International Board Certified Lactation Consultant may use IBCLC or RLC after their name. IBCLC's complete:

- 90 hours of education covering breastfeeding, anatomy, nutrition and more.
- 1,000 hours of lactation-specific clinical experience.
- A rigorous exam.
- Continuing education hours each year.
- Recertification every five years.

This is considered the most well-known and renowned certification for lactation consultants.

## ***Our Lactation Consultant***

Vickie Lyle, RN, IBCLC is our lactation consultant here at Tuscaloosa Pediatrics. Vickie spent 27 years working as an RN, mainly in the NICU at DCH Regional Medical Center, before becoming certified as a lactation consultant in 2011. During her time at DCH, Vickie provided both inpatient and outpatient lactation services to newborns. Vickie joined our staff in 2019 and has been caring for the babies of Tuscaloosa Pediatrics ever since!

## ***Your First Visit***

Vickie, along with one of our pediatricians, will see all our breastfeeding newborns within 1-3 days after they are discharged from the nursery. Vickie will assess the baby while feeding and answer any questions that the parents have about breastfeeding. The pediatrician will come examine the baby after that and then together with Vickie and the family, they will make a feeding plan based on the baby's weight, jaundice level, and medical history. A follow up visit will be scheduled as needed. And of course, moms are welcome to call for an appointment with Vickie anytime if they have concerns.

## ***Prenatal Consults***

Vickie is also available for prenatal consults for expecting moms who are planning to breastfeed. She will go over the maternal medical history and any medications she is taking, discuss what to expect during the hospital stay, and what to expect after going home. We highly encourage a prenatal consult if you are planning to breastfeed.

## Breast Pump Recommendations

Before you purchase a breast pump, check with your insurance company to see if they will cover one. You will need a prescription from your OB.

There are many breast pumps to choose from. Some are portable and some are not.

While it may seem like a good choice to get a portable breast pump, we recommend you wait until you have established a good milk supply before using these. The portable breast pumps do not typically have the type of suction that will adequately stimulate breastmilk production.

If you want to invest in a breast pump prior to having your baby we would recommend one of the non-portable pumps. Ideally a double electric hospital grade pump.

Once your breastmilk supply has been established, it should be fine to use one of the portable pumps (i.e. Willow, Elvie) when needed, though you may want to use the non-portable pumps in the first few weeks.

If you need help deciding on a pump, I will be happy to answer your questions.

I also offer a one-on-one prenatal consultation for a flat \$45 fee. We go over what to expect with the first feeding, positions for feeding, using your pump, and general information for breastfeeding. We will answer any questions you might have about breastfeeding. This can be scheduled anytime after 32 weeks gestation.

I will see you and your baby 1-3 days after discharge from the hospital for your initial consultation. We'll check the baby's weight and assist with a feeding to determine the best plan for feeding your baby. A pediatrician will also see your baby that day. I am available anytime I'm needed during your breastfeeding journey.

Vickie Lyle RN,IBCLC

# Tuscaloosa Pediatrics, P.C.

\_\_\_ Denise Brown, M.D.  
\_\_\_ Allison Cunningham, M.D.  
\_\_\_ Joy Dean, M.D.  
\_\_\_ Megan McGiffert, M.D.

Select 1st & 2nd Choice Physician

\_\_\_ Michelle Parchman, M.D.  
\_\_\_ Julie Vaughn, M.D.  
\_\_\_ Paige Fancher, CRNP  
\_\_\_ Kaila Sullivan, CRNP

Account #: \_\_\_\_\_

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

Name you prefer we call your child: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sibling: \_\_\_\_\_ DOB \_\_\_\_\_

Sibling: \_\_\_\_\_ DOB \_\_\_\_\_

Sibling: \_\_\_\_\_ DOB \_\_\_\_\_

Sibling: \_\_\_\_\_ DOB \_\_\_\_\_

**Ethnic Group:** Hispanic Non Hispanic

**Race:** Asian Black White Other \_\_\_\_\_

**Language:** Arabic English German Korean Spanish Other \_\_\_\_\_

## Mother Stepmother Guardian

Name: \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_

Work Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Phone#: \_\_\_\_\_

Patient's cell phone number if age 14 years or older. (State of AL Age of Consent is 14) \_\_\_\_\_

## Father Stepfather Guardian

Name: \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_

Work Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_

## Primary Insurance

Insurance Co: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Contract/ID#: \_\_\_\_\_

Group #: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_\_

## Secondary Insurance

Insurance Co: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Contract/ID#: \_\_\_\_\_

Group #: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_\_

Does your insurance require a Primary Care Doctor or any type of Physician Referral? \_\_\_\_\_  
Does your insurance require you to use a specific lab or x-ray facility? \_\_\_ If so, which one? \_\_\_\_\_

Tuscaloosa Pediatrics, P.C.  
4880 Harkey Lane  
Tuscaloosa, Alabama 35406  
Phone 205-333-8222  
Fax 205-333-8233

**Consent to Receive Cell Phone Calls or Text Messages**

As a service to our clients we provide a courtesy appointment reminder call and possibly other important calls that may be placed using a pre-recorded message. By providing your cell phone you consent to receive such calls or text messages on your cell phone. If you do not want to be contacted in the above manner, please do not provide your cell phone number when you complete the Demographics information.

Parent/Patient Signature: \_\_\_\_\_

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

**TUSCALOOSA PEDIATRICS  
PERMISSION TO ACCESS PRESCRIPTION HISTORY**

I, \_\_\_\_\_, whose signature appears below, authorize Tuscaloosa Pediatrics PC providers and staff to view the prescription history via the Retail Prescription Hub service for the patient listed below.

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Patient Date of Birth

**By initialing, you are agreeing to the respective terms and conditions set below and are fully agreeing to the terms above.**

\_\_\_\_\_, I understand that the prescription history is from multiple other unaffiliated medical providers, insurance companies and pharmacy benefit managers and may be viewable by my providers and staff here, and it may include prescriptions back in time for the last 2 years.

**My signature certifies that I have read and understand the above and that I authorize the access.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

Tuscaloosa Pediatrics, P.C.  
4880 Harkey Lane  
Tuscaloosa, AL 35406

**HIPAA Authorization Statement**

(Please complete the following so we may contact you properly & securely)

**Please list the family members or to the persons, if any, whom we may inform about your child's general medical condition and diagnosis (including treatment, payment, and healthcare operations).**

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

**Please list the family member or significant others, if any, whom we may inform about you r child's medical condition ONLY IN CASE OF EMERGENCY.**

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

**If you would like your billing statement and/or correspondence from our office to be sent to an address other than you home, please list below.**

Name \_\_\_\_\_

Address \_\_\_\_\_

**Please list the telephone number(s) you would like to be contacted at for appointment, lab, and x-ray results or other health care information if other than your home telephone number. (Please be aware that a cell phone is not a secure and private line).**

Telephone # \_\_\_\_\_ Telephone # \_\_\_\_\_

**Can confidential messages be left on your voicemail? YES / NO**

**Can confidential health information be sent via text? YES / NO**

(This method of communication is not secure and you are electing to communicate via unsecure text)

\_\_\_\_\_  
Patients Name (Please Print)

\_\_\_\_\_  
Signature (Parent/Guardian if under 18 years of age)

# Tuscaloosa Pediatrics Vaccine Policy

We firmly believe in the effectiveness of vaccines to prevent serious illness and to save lives.

We firmly believe in the safety of the vaccines we provide.

We firmly believe that all children and adolescents should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and the American Academy of Pediatrics.

We firmly believe, based on all the available literature, evidence, and current studies, that vaccines do not cause autism or other developmental disabilities. We firmly believe that thimerosal, a preservative that has been in vaccines for decades and remains in only a very few vaccines now, does not cause autism or other developmental disabilities.

We firmly believe that vaccinating children and adolescents may be the most important health-promoting intervention we provide to your child as their pediatrician. The recommended vaccines and the schedule by which they are given are the results of years and years of scientific study and data gathered on millions of children around the world by thousands of our brightest scientists and physicians.

This being said, we recognize that there has always been and will likely continue to be controversy surrounding vaccination. The vaccine campaign is truly a victim of its own success. It is precisely because vaccines are so effective at preventing illness that many people do not understand the severity of the illnesses we are trying to prevent. Because of vaccines, many people have never seen a child with polio, tetanus, whooping cough, bacterial meningitis, or even chickenpox. Less than a century ago these illnesses were commonplace and they caused the majority of early infant and childhood deaths. The success of vaccines has led our generation to complacency about vaccinating which can have tragic results.

Over the past two decades, many people in Europe chose not to vaccinate their children with the MMR vaccine due to a fraudulent study suggesting a link between the MMR vaccine and Autism Spectrum Disorder. This resulted in multiple outbreaks of measles in Europe. The results of this study have since been proven false multiple times by numerous follow-up studies. But these outbreaks still occur and they are not without complications including permanent neurologic deficits and several deaths. There is a fatal, progressive disorder called Subacute Sclerosing Panencephalitis that only occurs 7-10 years after a natural measles infection so consequences may be still to come from these outbreaks.

While Europe and these disease outbreaks may seem a long distance from us in the United States, they are really only a plane ride away. We have had our own outbreaks of measles, mumps, Hemophilus Influenza B meningitis, meningococcal meningitis, and whooping cough in the U.S. in the past few years. These cases have mainly occurred in unvaccinated babies, children, and even adults.

We are making sure you are aware of these facts not to scare or coerce you, but to emphasize the importance of vaccinating your child. We recognize that the decision to vaccinate your child may be a very emotional one for some parents. Should you have doubts, please discuss them with us. Please be advised, however, that delaying or "breaking up the vaccines" to give one or two at a time goes against expert recommendations, and it can put your child at risk for serious illness or death. This goes against our medical advice as physicians at Tuscaloosa Pediatrics.

Should you absolutely refuse to vaccinate your child, you will be asked to find another health care provider who shares your views.

We appreciate the trust you have put in us to care for your children. Thank you for reading this policy. Should you have any questions we will be happy to discuss them during your office visit. We have several handouts available regarding vaccines and the diseases they prevent. We also have links to reliable vaccine information sites on our website [www.tuscaloosapeds.com](http://www.tuscaloosapeds.com) and we encourage you to look closely at those.

*Thank you,  
The Physicians of Tuscaloosa Pediatrics*

I, \_\_\_\_\_, have read the above Tuscaloosa Pediatrics Vaccine Policy and I plan to vaccinate my child according to the recommended vaccination schedule from the American Academy of Pediatrics and the Centers for Disease Control.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date



## Tuscaloosa Pediatrics Newborn Guidelines Policy

The Physicians of Tuscaloosa Pediatrics strongly believe in our motto "**Providing You a Healthy Start in Life**". A healthy start means following the American Academy of Pediatrics and the Alabama Department of Public Health recommendations for all newborns. We require that all of our newborn patients receive the following after birth:

- Vitamin K shot to prevent brain bleeds
- Erythromycin eye ointment to prevent infant blindness
- Newborn Screen blood test at birth and 2 weeks of age to screen for multiple genetic and metabolic diseases
- Pulse oximetry (oxygen level) test to screen for congenital heart disease
- Hearing test to screen for hearing loss
- Hepatitis B vaccine
- Exam in our office within 1-3 days after discharge from hospital or within 1-2 days after birth if homebirth

We appreciate the trust you have put in us to care for your children. Should you have any questions about the above, please feel free to call our office.

Thank you,  
The Physicians of Tuscaloosa Pediatrics

I, \_\_\_\_\_, have read the above Newborn Policy and I do plan to make sure my baby receives all the above in order to provide him/her a healthy start in life.

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Signature

Relationship to Patient

Date

# Tuscaloosa Pediatrics Financial and Office Policies

**\*\* PLEASE INITIAL ALL BELOW THAT YOU ACKNOWLEDGE AND AGREE \*\***

\_\_\_\_\_ Please be aware if you are a new patient and fail to show up for your 1<sup>st</sup> appointment without giving a 24 hour notice, you may be asked to find another medical office or physician for medical care.

\_\_\_\_\_ Please be aware our office does not accept all insurances. You may be asked to transfer out of the practice if you change to an insurance we do not accept, change to a plan we are no longer participating with, or our enrollment for your insurance is full at that time.

\_\_\_\_\_ All professional services rendered by Tuscaloosa Pediatrics, P.C. are charged to the patient. We will gladly file your insurance for you. However, the parent or guardian is responsible for all fees that are not covered by the insurance.

\_\_\_\_\_ We are required to report visits outside of normal business hours to your insurance provider. Any appointment scheduled before 8am, after 5pm, and on Saturday or Sunday will incur an additional fee. This fee will be billed to your insurance provider, but may be applied to your copay, coinsurance, or annual deductible.

\_\_\_\_\_ Payment is due at time services are rendered (such as co-pays, deductibles and non covered services) regardless of who brings the patient in for his/her visit. There will be a \$15.00 administrative fee added to your account if your co-pay is not paid at the time of service. We accept cash, check, Visa, and MasterCard.

\_\_\_\_\_ We feel strongly about children having routine well check-ups. Per American Academy of Pediatrics, children should receive preventative health care at the ages listed below. We expect our parents to follow these guidelines so that we may continue to provide quality healthcare to our children. We understand there are some insurance policies that do not cover yearly check-ups, but do not feel this is a reason for your child not to have them. Failure to do so may result in being discharged from the practice.

- |                    |                    |                              |
|--------------------|--------------------|------------------------------|
| - 3-5 days of life | - 6 months of age  | - 24months of age            |
| - 2 weeks of age   | - 9 months of age  | - 30 months of age           |
| - 1 month of age   | - 12 months of age | - 3-18 years of age - yearly |
| - 2 months of age  | - 15 months of age |                              |
| - 4 months of age  | - 18 months of age |                              |

\_\_\_\_\_ If your child is not current on routine check-ups, any refill on chronic medications and/or any routine immunizations may be denied until your child is current on routine check-ups.

\_\_\_\_\_ No well visits or immunizations will be given if you have an outstanding account balance.

\_\_\_\_\_ It is the patient's responsibility to know your insurance benefits and whether the physicians in this practice are preferred providers. Some insurance companies require referrals to specialists and urgent care facilities. It is your responsibility to notify our office within 48 hours if you are seeing or have seen another physician. Don't assume that referrals are done if you don't speak to someone in our insurance office, even if our physicians or nursing staff refer you.

\_\_\_\_\_ We will not give referrals to urgent care facilities or emergency rooms if you go during our regular business hours unless approved in advance, for a life-threatening emergency or we instruct you to go because we are unable to schedule an appointment here in a timely manner.

\_\_\_\_\_ Most insurance companies allow 30-45 days for you to add your newborn to your insurance policy. We require you to pay for the visit in full for the 2 month check-up if we cannot verify your baby's enrollment before the visit.

# Tuscaloosa Pediatrics Financial and Office Policies

\_\_\_\_\_ We must have a release signed by a parent or guardian on file to release medical records. We request your account be paid in full in order to release your medical records if you are transferring your child/children to another physician. Accounts that are not paid in full or arrangements made to do so will be treated as a bad debt and will be forwarded to a collection agency.

\_\_\_\_\_ There is a fee and a 72 hour waiting period on all medical forms, blue cards not associated with a check-up and medical record copying. Please check with the office staff in advance on the cost for each request.

\_\_\_\_\_ There is a \$15.00 fee for after hours telephone calls. Please read and follow our Telephone Policy to avoid unnecessary costs.

\_\_\_\_\_ Excluding refills on chronic medications, any prescription not associated with an office visit with one of our providers may be subject to a \$15.00 fee.

\_\_\_\_\_ If you do not cancel your appointment 24 hours prior to the scheduled appointment time, you will be charged a No Show/Failure to Cancel fee. Any office visit that is scheduled with a Physician will incur a \$40.00 No Show/Failure to Cancel fee. Any visit scheduled with a nurse will incur a \$10.00 No Show/Failure to Cancel fee. Repeat offences could result in being discharged from the practice.

\_\_\_\_\_ If you have not arrived to your appointment within 15 minutes of your scheduled appointment time, we will assume you are not coming. In such case, you will be charged the missed appointment fee.

\_\_\_\_\_ There is a \$25.00 fee on all returned checks.

## Agreement to Accept Financial Responsibility, Insurance Authorization and Assignment of Benefits

I acknowledge that, at my request, Tuscaloosa Pediatrics, P.C. has provided my dependent with professional services and I agree to the above financial policy. I also understand that if I fail to comply with this agreement, and if my account becomes more than 90 days past due, it may be turned over to a collection agency, an attorney or small claims court for collection. I understand the collection agency charges Tuscaloosa Pediatrics a 33 1/3% fee in an effort to collect outstanding balances. This fee will be added to my bill and become my responsibility.

I hereby authorize Drs. Brown, Cunningham, McGiffert, Parchman, Vaughn and Kaila Sullivan, CRNP to furnish medical information to my insurance carriers for payment of claims. I hereby assign to the physicians all payments for the medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance.

## Communications Regarding My Account

Until my account is finally settled, I give my direct consent to receive communications regarding my account from any servicers and any collectors of my account, through various means such as 1) any cell or text number that I provide, 2) any email address that I provide, 3) auto dialer systems, 4) voicemail messages, and other forms of communications.

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PATIENT NAME/NAMES -- PLEASE LIST EACH FAMILY MEMBER THAT IS A PATIENT HERE

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Signature of Responsible Party

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Relationship

---

Date

# Sick Complaints at a Well Child Checkup

If you bring your child to a Well Child checkup and they are also sick or they have a new medical complaint, a worsening chronic medical problem, a medical condition where they are due for a recheck/medication refill, or if a new medical issue is discovered by your physician during the visit, most insurance plans require us to file a separate visit code for these types of problems when they are addressed at a Well Child Checkup. Because of this, your insurance may require you to pay a copay or deductible like you would at a separate visit just for that problem. We know there are some physicians out there that require a separate visit to cover any new problems but we know your time is valuable and we try to address all your issues in one visit whenever possible. In these cases, it may be necessary for you to pay a copay or deductible even if your insurance does not require a copay for Well Child Checkups.

WELL VISITS typically include: Tracking growth, checking vital signs, a full physical exam, evaluating developmental milestones and/or school performance, evaluating vision and hearing, evaluating diet and nutrition, evaluation of emotional well-being, medical risks based on family history, screening labwork when indicated, routine childhood immunizations, evaluation of stable chronic medical conditions, anticipatory guidance regarding common issues at your child's age, and filling out sports physical forms if needed

EXAMPLES of a few situations in which it may become necessary for us to file a separate sick visit code are below. We are unable to give examples of every situation that could arise that insurance would require additional codes of course.

A child who has been having headaches for the past 2 months.

A child with asthma who has been having to use their inhaler more frequently over the past few weeks and requires medication changes.

A child who has a fever at their Well Check Up and requires a flu test and a prescription for an antibiotic for their newly diagnosed ear infection.

A child who is found to have a foreign body in their ear on exam.

A child who is due for their ADHD or Anxiety medication visit at the same time as their checkup.

**WHY DOES IT HAVE TO BE BILLED DIFFERENTLY?** It is billed differently to account for the additional work, expertise, and time required for both the Well Check Up and the Sick visit (additional lab work, x-ray, referrals and/or prescription medications). For example, think about taking your vehicle in for an oil change (routine maintenance) and mentioning to the mechanic that your brakes are squeaking and your windshield wipers are not working well. In addition to the oil change, your car might require additional work on your brakes and replacement windshield wipers. Since additional services were provided, you would be charged for more than just the oil change.

If you have any questions regarding your child's bill, our insurance department is always glad to answer any questions. You may also need to talk directly to your insurance company to understand what your plan does and doesn't cover and when a copay or deductible is required.

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Patient Name

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Patient Date of Birth

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Parent/Guardian Signature

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Date

Tuscaloosa Pediatrics, P.C.  
4880 Harkey Lane  
Tuscaloosa, AL 35406

## Receipt of Privacy Practices Written Acknowledgement Form

I, \_\_\_\_\_ as parent or legal guardian of  
\_\_\_\_\_ have received a copy of the Notice of Privacy  
(Name of Child)

Practices Form from Tuscaloosa Pediatrics, P.C.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# FAMILY HISTORY

Date form completed: \_\_\_\_\_

Is your child adopted? YES NO

Please list medical history for biological relatives:

	<u>Name</u>	<u>Age</u>	<u>Medical Problems</u>
Mother	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Father	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Siblings	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Have any family members had the following? If YES then list what relative and any known details.

- Deafness YES NO \_\_\_\_\_
- Allergies YES NO \_\_\_\_\_
- Asthma YES NO \_\_\_\_\_
- Tuberculosis YES NO \_\_\_\_\_
- Heart Disease (under 50 years old) YES NO \_\_\_\_\_
- High Blood Pressure (under 50 years old) YES NO \_\_\_\_\_
- High Cholesterol YES NO \_\_\_\_\_
- Anemia YES NO \_\_\_\_\_
- Bleeding Disorder YES NO \_\_\_\_\_
- Liver Disease YES NO \_\_\_\_\_

Diabetes (specify type 1 or 2, age of onset) YES NO \_\_\_\_\_

Seizures or Epilepsy YES NO \_\_\_\_\_

Febrile (Fever) Seizures YES NO \_\_\_\_\_

Alcohol or Drug Abuse YES NO \_\_\_\_\_

Mental Illness (depression, anxiety, OCD, schizophrenia, bipolar disorder, etc.) YES NO  
\_\_\_\_\_

ADHD or Learning Disorders YES NO \_\_\_\_\_

Autism Spectrum Disorder YES NO \_\_\_\_\_

Mental Retardation YES NO \_\_\_\_\_

Immune System Disorders (AIDS, etc.) YES NO \_\_\_\_\_

Thyroid Problems YES NO \_\_\_\_\_

Gastrointestinal Problems (Reflux, Irritable Bowel Syndrome, Crohn's Disease, Ulcerative Colitis, etc.) YES NO  
\_\_\_\_\_

Migraine Headaches YES NO \_\_\_\_\_

Cancer (type, age at diagnosis if known) YES NO \_\_\_\_\_

Blood Clots YES NO \_\_\_\_\_

Arthritis (age of onset if known) YES NO \_\_\_\_\_

Lupus YES NO \_\_\_\_\_

Fever Blisters/Cold Sores YES NO \_\_\_\_\_

Kidney Disease (including kidney reflux) YES NO \_\_\_\_\_

Skin Problems (Eczema, Psoriasis, etc.) YES NO \_\_\_\_\_

Blindness/Vision Problems YES NO \_\_\_\_\_

Any other medical problems in the family that you feel we need to know about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_