

Please print and email to: pwemail1310@icloud.com



## New Patient Application

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Parents Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Insurance Plan: \_\_\_\_\_

Email: \_\_\_\_\_

### **Newborn:**

OB/GYN: \_\_\_\_\_ Hsp: \_\_\_\_\_ Due Date: \_\_\_\_\_

Will vaccinate according to AAP schedule: YES NO

Plan to add patient to current insurance: YES NO

If no, new Insurance : \_\_\_\_\_

**Transfer:** Previous physicians: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Will past medical records contain any visits to a specialist: \_\_\_\_\_

Health issues/ Medications: \_\_\_\_\_

Up to date on vaccines: YES NO Will continue AAP vaccine schedule: YES NO

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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