

Date: _____

West Alabama Pediatrics New Patient Application

Bruce Petitt, M.D.

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How did you hear about West Alabama Pediatrics?

Current patient _____ Referred by Hospital Staff _____ Website _____ Other _____

New Baby: Due Date: _____ Sex: _____

Place of Delivery: _____ Delivering Physician: _____

Transferring from another practice:

Child's Name: _____ Sex: _____ DOB: _____

Child's Name: _____ Sex: _____ DOB: _____

Child's Name: _____ Sex: _____ DOB: _____

New to area: Yes No Moved from: _____

Previous Dr.: _____

Reason for change: _____

Are your children's immunizations up to date? _____

Any chronic illnesses (ADHD, Asthma, Diabetes)? _____

Demographics:

Home Address: _____ City: _____ Zip: _____

Primary Phone #: _____ Secondary Phone #: _____

Mother's Name: _____ Mother's DOB: _____ SS #: _____

Mother's Insurance: _____ Policy No: _____ Group No: _____

Mother's Employer: _____

Father's name: _____ Father's DOB: _____ SS #: _____

Father's Employer: _____

(Please list the insurance policy information that your child has/or will have coverage under)

Child's Insurance: _____

Name of Insured: _____ Date of Birth of Insured: _____

Policy No.: _____ Group No.: _____

Secondary Insurance: _____

The physicians of West Alabama Pediatrics recommend vaccines according to the (AAP) American Academy of Pediatrics vaccine schedule. Please see the attached West Alabama Pediatrics Vaccine Pledge/Immunization Schedule.

1060 Fairfax Park Suite C, Tuscaloosa, Alabama 35406 Phone 205-752-PEDS (7337) Fax 205-752-8013 www.westalabamapeds.com

[Applications may be emailed to office@westalabamapeds.com](mailto:office@westalabamapeds.com)

Office use: West Alabama Pediatrics Vaccine Pledge signed: _____

Approved or Denied: Date _____ Caller notified: Date: _____

WEST ALABAMA PEDIATRICS

VACCINATION PLEDGE

West Alabama Pediatrics believes every child has the right to the opportunity of a healthy life and vaccines are one of the best ways to assure it. Routine vaccines are the most effective way to ensure that kids have a bright future with the ability to achieve their full potentials. WAPS only offers vaccines that have been proven to be safe and effective. All vaccines we provide have been approved by the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices (ACIP) and the Center for Disease Control (CDC) along with a recommended schedule of administration.

Join us to protect our children from preventable diseases!!!!

I, _____, pledge my support and intent to fully vaccinate my child according to the recommended schedule of the AAP/ACIP/CDC.

Signature: _____ Date: _____

Relationship to child: _____

Child's name: _____

WEST ALABAMA PEDIATRICS
CHECK-UP & IMMUNIZATION SCHEDULE

AGE	VACCINES
2 Months	Pediarix (Dtap/IPV/HBV), HIB, PCV13, Rotateq
4 Months	Pediarix (Dtap/IPV/HBV), HIB, PCV13, Rotateq
6 Months	Pediarix (Dtap/IPV/HBV), HIB, PCV13, Rotateq
9 Months	None
12 Months	Hep A, PCV13, Varivax
15 Months	MMR, HIB
18 Months	Infanrix (Dtap)
2 Years	Hep A
3 Years	None
4 Years	Kinrix (Dtap/ IPV)
5 Years	Varivax, MMR
6-10 Years	Varivax booster prn, Hep A if needed
11 Years	Menveo, Gardasil 9, Boostrix (Tdap), Hep A if needed
12-18 Years	Gardasil 9 prn, Hep A if needed 16 Years – Bexsero, Menveo booster

- *Dtap- Diphtheria, Tetanus & Acellular Pertussis vaccine
- *IPV- Polio vaccine
- *PCV13- Pneumococcal 13
- *MMR- Measles, Mumps & Rubella vaccine
- *HIB- Haemophilus influenza type B vaccine
- *HBV- Hepatitis B vaccine
- *Hep A- Hepatitis A vaccine
- *Tdap- Tetanus, Diphtheria, & Acellular Pertussis booster
- *Varivax- Varicella vaccine (Chickenpox)
- *Menveo- Meningococcal
- *Gardasil 9- Human Papillomavirus (HPV)
- *Bexsero – Meningococcal Group B