

Date: _____

West Alabama Pediatrics

New Patient Application

Bruce Petitt, M.D.
Jill Picone, C.R.N.P.

KaiCee Richardson, M.D.
Jerri Lynn Carlisle, RN, IBCLC

Elizabeth Cockrum, M.D.
Megan Davis, C.R.N.P.

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. **Do you plan to vaccinate your child/children according to the AAP 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: Approved or Denied: Date _____ Caller notified: Date: _____