

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: \_\_\_\_\_

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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](http://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