

Bruce Pettitt, M.D.
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Are you expecting? Yes or No

Baby's Due Date: _____ **Sex:** _____

Place of Delivery: _____

Delivering Physician: _____

Is this your 1st baby? Yes or No

Do you plan to breastfeed? Yes or No *Mommy & Me Lactation Services are available at West Alabama Pediatrics!

Do you have a child/children that are currently a patient of West Alabama Pediatrics? Yes or No

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

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

OR

Request to transfer child/children to West Alabama Pediatrics:

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

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

Are you NEW to the area: Yes or No Moved from: _____

Previous Dr.: _____ Reason for change: _____

Are you child's/children's immunizations up to date? Yes or No If no, why?: _____

Demographics:

Home Address: _____ City: _____ Zip: _____

Primary Phone #: _____ Secondary Phone #: _____

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

Mother's Insurance: _____

Policy Holder's Name: _____ DOB: _____ Relationship to Mother: _____

Policy No: _____ Group No: _____ Effective Date: _____

Mother's Employer: _____ Phone#: _____

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

Father's Employer: _____ Phone#: _____

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

Child's Insurance: _____

Policy Holder's Name: _____ DOB: _____ Relationship to Child: _____

Policy No.: _____ Group No.: _____

The physicians of West Alabama Pediatrics recommend vaccines according to the (AAP) American Academy of Pediatrics, and (CDC) Center for Disease Control Immunization Schedule. Do you plan to vaccinate your child in accordance with this schedule? Yes or No

Approved or Denied: Date _____ **Applicant Notified: Date** _____

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

Applications may be emailed to office@westalabamaped.com

WEST ALABAMA PEDIATRICS CHECK-UP & IMMUNIZATION SCHEDULE

AGE	VACCINES
Birth	HBV (Given in the hospital before discharge)
3-5 Day	Newborn follow up
2 Weeks	No 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	No vaccines
12 Months	PCV13, Varivax, MMR
15 Months	HIB, Hep A
18 Months	Infanrix (Dtap)
2 Years	Hep A
3 Years	No vaccines
4 Years	Kinrix (Dtap/IPV), Varivax, MMR
5 Years	No vaccines
6-8 Years	No vaccines
9-10 Years	Gardasil 9
11 Years	Menveo, Boostrix (Tdap), Gardasil 9 if needed
12-15 Years	Gardasil 9 if needed
16 Years	Menveo Booster, Bexsero
17-18 Years	Farewell visit, Boosters if needed

*Dtap- Diphtheria, Tetanus & Acellular Pertussis vaccine

*IPV- Polio vaccine

*PCV13- Pneumococcal 13

*MMR- Measles, Mumps & Rubella vaccine

*HIB- Haemophilus influenza type B vaccine

*Hep B- 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

*** We recommend Influenza and Covid-19 Vaccines.**