Date: _____

West Alabama Pediatrics
New Patient Application

Bruce Petitt, M.D. Elizabeth Cockrum, M.D. Jill Picone, C.R.N.P. 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? _____**

Office use: Approved or Denied: Date _____

Caller notified: Date: _____

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