

# PATIENT REGISTRATION FORM

**ORCHARD PEDIATRICS**

2018

FAMILY NAME \_\_\_\_\_

PARENT 1	BIRTHDATE	PARENT 2	BIRTHDATE
<div style="border: 1px solid black; display: inline-block; padding: 2px;">                 WHICH PARENT(S) HAVE LEGAL AUTHORITY TO MAKE MEDICAL DECISIONS? _____             </div>			
ADDRESS		ADDRESS	
CITY	STATE	ZIP	
HOME PHONE (    )	CELL PHONE (    )	HOME PHONE (    )	CELL PHONE (    )
WORK PHONE (    )	PREFERRED METHOD OF CONTACT:		PREFERRED METHOD OF CONTACT:
EMAIL ADDRESS		EMAIL ADDRESS	
SOCIAL SECURITY #		SOCIAL SECURITY #	
EMPLOYER		EMPLOYER	
INSURANCE COMPANY	POLICY#	INSURANCE COMPANY	POLICY #

**I DO / DO NOT (PLEASE CIRCLE ONE) GIVE PERMISSION TO LEAVE BASIC INFORMATION ON MY PERSONAL VOICE MAIL.**

LIST THE **LEGAL NAME OF ALL CHILDREN** THAT ARE PATIENTS IN THIS OFFICE (INCLUDE LAST NAME IF DIFFERENT FROM ABOVE)

NAME	BIRTHDATE	MALE / FEMALE	ACCT #

HAVE THERE BEEN ANY CHANGES IN YOUR CHILDREN'S PERSONAL OR FAMILY HEALTH HISTORY  YES  NO IF YES, PLEASE REQUEST A HEALTH HISTORY FORM

WHICH INSURANCE POLICY ARE THE CHILDREN ON? \_\_\_\_\_ IF BOTH, WHICH IS THE PRIMARY POLICY? \_\_\_\_\_

IF MOTHER AND FATHER HAVE DIFFERENT ADDRESSES, WHERE DO THE CHILDREN LIVE? \_\_\_\_\_

WHO SHOULD RECEIVE BILLING STATEMENTS? \_\_\_\_\_

EMERGENCY CONTACT PERSON (SOMEONE NOT LIVING IN YOUR HOME) NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

### PLEASE READ AND SIGN

I, \_\_\_\_\_ THE MOTHER / FATHER OF (LIST ALL CHILDREN) \_\_\_\_\_

1. I GIVE ORCHARD PEDIATRICS, P.C. PERMISSION TO TREAT MY CHILDREN SHOULD ANY OR ALL OF THEM PRESENT TO YOUR OFFICE WHEN NOT ACCOMPANIED BY A PARENT. THIS CONSENT SHALL BE VOID UPON WRITTEN REQUEST.
2. PERMISSION IS GRANTED TO ORCHARD PEDIATRICS, P.C., TO RELEASE REQUESTED INFORMATION TO MY INSURANCE COMPANY FOR BILLING PURPOSES OR PATIENT-CENTERED MEDICAL HOME (PCMH) WELLCENTIVE PATIENT REGISTRY.
3. I AUTHORIZE PAYMENT FOR MEDICAL SERVICES BY MY INSURANCE COMPANY TO ORCHARD PEDIATRICS, P.C.
4. IF MY CHILD'S INSURANCE CARRIER DENIES PAYMENT OF SERVICES, I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF ALL CHARGES.
5. PERMISSION IS GRANTED TO ORCHARD PEDIATRICS, PC TO IMPORT MY CHILD'S MEDICAL INFORMATION ELECTRONICALLY.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ OFFICE WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

# Orchard Pediatrics, P.C.

## SCREENING QUESTIONNAIRE FOR TODAY'S IMMUNIZATIONS

PATIENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ DATE \_\_\_\_\_

**For parents and guardians:** This form helps us decide which vaccines should be given in our office today. If the question is not clear, please ask the nurse or doctor for an explanation.

- |   | Yes                   | No                    | Unknown               |
|---|-----------------------|-----------------------|-----------------------|
| 1. Is the patient sick today with anything more than a cold?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does the patient have allergies to medications, yeast, eggs, latex or any previous vaccines?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Has the patient had a serious reaction to a vaccine in the past?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Has the patient had a seizure or a changing neurological disorder?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does the patient have cancer, an immune system disorder, or does the patient take medications that suppress the immune system such as steroids (by mouth or injection) or anti-cancer drugs?                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Does someone with whom the patient lives (or has close contact) have cancer, an immune system disorder, or take medications that suppress the immune system such as steroids (by mouth or injection) or anti-cancer drugs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Has the patient received blood, plasma, or gammaglobulin the past six months?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Is the patient pregnant or at risk of becoming pregnant within the next three months?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Vaccines have a very short shelf life once prepared, and have to be discarded if not used. I realize that in signing this consent, the vaccines will be prepared especially for my child. If after the nurse prepares the vaccines, I elect NOT to have my child receive them, I agree to be financially responsible for the vaccine charges.

I have read, or have had explained to me, the information about the vaccine(s) listed below (VIS). I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s). My signature will authorize you to submit all vaccine dates to the Michigan Childhood Immunization Registry (MCIR).

ACCT# \_\_\_\_\_

FOR OFFICE USE	SITE	MANUF.	LOT#	NURSE	VIS DATE
DTaP					
IPV					
HIB					
HEP B					
MMR					
PREVNAR					
VARICELLA					
HEP A					
Tdap					
ROTATEQ					
MENACTRA					
GARDASIL					



# Orchard Pediatrics, PC

– Newborn through Adolescent Care –

CHILDS NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

## **TB RISK FACTOR QUESTIONNAIRE**

Dear Parents:

The American Academy of Pediatrics no longer recommends annual TB skin testing for low risk children. In order to identify those children with an increased risk of TB (tuberculosis), we would like you to complete the following:

My child:

- Y     N     Has contact with a person with TB or has a positive TB skin test?
- Y     N     Is HIV positive?
- Y     N     Was your child born in any of the following countries and has not been tested for TB?
- Y     N     Has your child travelled and spent more than a week in any of the following countries and has not been tested for TB upon returning?

Africa (entire continent) Azerbaijan Bangladesh Belarus Brazil Cambodia China	DPR Korea India Indonesia Kazakhstan Kyrgyzstan Myanmar	Pakistan Papua New Guinea Peru Philippines Rep Moldova Russian Federation	Thailand Ukraine Uzbekistan Viet Nam
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## **HIGH CHOLESTEROL RISK FACTORS QUESTIONNAIRE**

- Y     N     A parent with a cholesterol level greater than 240.
- Y     N     A parent or grandparent who had a heart attack or required a heart procedure at a young age (males ≤ 55, females ≤ 65).

## **HEALTH HISTORY AND FAMILY HISTORY UPDATE**

Please list your child's NEW medical diagnosis or surgeries (since your last check-up) \_\_\_\_\_

Please list any NEW medical problems or social changes in your child's family (parents, grandparents or siblings) \_\_\_\_\_

## **ANEMIA RISK FACTORS**

Does your child eat a low-iron diet (eg non-meat or vegetarian)? \_\_\_\_\_ If yes, does your child receive a daily iron supplement? \_\_\_\_\_

How much milk per day does your child drink, on average? \_\_\_\_\_ ounces

Does your child (if a daughter) have very heavy menstrual periods? \_\_\_\_\_



# Orchard Pediatrics, PC

– Newborn through Adolescent Care –

By the time there are symptoms, harm may have been done that will last your child’s lifetime. Answer these questions to find out if your child is at risk for lead poisoning.

Does the child:

- |  |     |    |         |
|--|-----|----|---------|
| 1. Live in (or lived in) or regularly visit a house built before 1978 with peeling or chipping paint?<br>This could include a day care, preschool, home of a baby-sitter, a relative’s house, etc. | YES | NO | UNKNOWN |
| 2. Live in (or lived in) or regularly visit a house built before 1978 with recent (past 6 months),<br>ongoing or planned renovation or remodeling?   | YES | NO | UNKNOWN |
| 3. Have or had a brother or sister, housemate or playmate with lead poisoning?   | YES | NO | UNKNOWN |
| 4. Live or ever lived with an adult whose job or hobby involves exposure to lead? (See chart) YES  |     | NO | UNKNOWN |
| 5. Eat, drink or use any home remedies that may contain lead?  | YES | NO | UNKNOWN |
| 6. Live in one of the high-risk zip codes listed on the reverse side of this form?   | YES | NO | UNKNOWN |

If you answered yes or unknown to any of these questions your child may be at HIGH RISK for lead poisoning. If you answered no to every question your child is at LOW RISK for lead poisoning.

## POSSIBLE METHODS OF EXPOSURE

<p style="text-align: center;"><u>OCCUPATIONAL</u></p> <p>Auto repair Radiator repair Battery manufacturing or repair Bridge reconstruction worker Construction worker Plumber, pipe fitter Police officer Migrant farm worker Printing Glass manufacturing Plastic manufacturing Chemical manufacturing Rubber products manufacturing Steel welding and cutting Industrial machine operator</p> <p style="text-align: center;"><u>HOBBIES</u></p> <p>Car or boat repair Casting lead figures (toy soldiers, etc) Painting Furniture refinishing Making jewelry and pottery Making stained glass Lead soldering (eg electronics) Making lead shot, bullets, or fishing sinkers Target shooting at firing ranges</p>	<p style="text-align: center;"><u>ENVIRONMENTAL</u></p> <p>Ceramic ware or pottery Lead crystal Lead-soldered cans (imported) Lead paint Lead-painted homes Renovating or remodeling older homes Burning lead-painted wood Use of water from lead pipes Living near lead-related industries Soil / dust near industries and roadways</p> <p style="text-align: center;"><u>OTHER</u></p> <p>Asian cosmetics Food additives Folk remedies (Greta, Azarcon, pay-loo-ah, ghasard, Hai ge fen, Bali Goli Kandu, X-yoo-FA, Mai ge fen and poying tan)</p>
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## Childhood Lead Poisoning High-Risk ZIP Code Areas in Michigan

<b>Alcona</b> 48728	<b>Barry</b> (con't)	<b>Cass</b> (con't)	<b>Dickinson</b> (con't)	<b>Hillsdale</b> (con't)	<b>Ionia</b> (con't)	<b>Kent</b> 48809	<b>Luce</b> (entire county)	<b>Menominee</b> (con't)	<b>Muskegon</b> (con't)	<b>Presque Isle</b> (con't)	<b>Shiawassee</b> (con't)	<b>Washtenaw</b> 48104
48740	49325	49047	49881	49232	48851	48838	49853	49892	49457	49743	48872	48118
48742	49333	49061	49892	49233	48860	49318	49868	49893	49461	49765		48130
<b>Alger</b>	<b>Bay</b>	49095	<b>Eaton</b>	49247	48865	49331	<b>Mackinac</b>	49896	<b>Newaygo</b>	49776	<b>St Clair</b>	48137
49806	48631	49099	48813	49250	48873	49345	49719	<b>Midland</b>	49307	49779	48001	48158
49816	48650	49120	48827	49252	48875	49503	49757	48615	49327	<b>Roscommon</b>	48002	48160
49822	48706		48837	49255	48881	49504	49760	48618	49337	48624	48003	48191
49825	48708	<b>Charlevoix</b>	48861	49262	48890	49505	49774	48637	49349		48006	48197
49826	48747	49712	48890	49266	49325	49506	49775	48662	49412	<b>Saginaw</b>	48014	48198
49839		49720	49021	49271	49331	49507	49781	48880	49421	48460	48022	49236
49862	<b>Benzie</b>	49727	49073	49274		49509	49827	48883		48601	48023	49240
49891	49613	49729	49076	49288	<b>Iosco</b>				<b>Oakland</b>	48602	48027	49285
	49616	49770	49096		48730	<b>Keweenaw</b> (entire county)	<b>Macomb</b>	<b>Missaukee</b>	48009	48604	48028	
<b>Allegan</b>	49635		49264	<b>Houghton</b> (entire county)	48739	48005	48005	49632	48030	48607	48032	<b>Wayne</b>
49010	49640	<b>Cheboygan</b>		49905	48743	49901	48015	49651	48067	48614	48039	48120
49056		49721	<b>Emmet</b>	49913	48763	49913	48021	49657	48069	48616	48041	48122
49070	<b>Berrien</b>	49755	49718	49916	48765	49950	48041	49663	48070	48637	48060	48124
49078	49022	49765	49740	49921	48770		48043		48072	48649	48062	48125
49080	49038		49755	49930		<b>Lake</b>	48050	<b>Monroe</b>	48220	48655	48074	48126
49090	49085	<b>Chippewa</b>	49769	49931	<b>Iron</b> (entire county)	49623	48062	48131	48320	48722	48079	48128
49328	49098	49710	49770	49943	49920	49642	48089	48133	48340	48757	48097	48141
49344	49101	49728		49945	49927	49677	48091	48140	48341	48807	48074	48146
49348	49102	49752	<b>Genesee</b>	49952	49935	49688		48145	48342	48831	48062	48174
49408	49103	49774	48418	49958			<b>Manistee</b>	48157	48362		48074	48184
49419	49106	49783	48436	49965	<b>Isabella</b>	48003	49613	48159		<b>Sanilac</b> (entire county)	48032	48192
49423	49107		48458	49967	48617	48412	49614	48160	<b>Oceana</b>	49420	49032	48201
49450	49111	<b>Clare</b>	48502		48618	48416	49625	48161	49420	48097	49032	48202
49453	49113	48612	48503	<b>Huron</b>	48858	48435	49645	48162	49421	48097	49040	48203
	49116	48624	48504	48413	48878	48444	49660	48166	49437	48401	49042	48204
<b>Alpena</b>	49117	48625	48505	48432	48883	48461	49675	48179	49446	48416	49066	48205
49707	49120	48625	48506	48441	49310	48464	48461	49229	49449	48419	49067	48206
49744	49125		48507	48441	49340	48464	<b>Marquette</b>	49267	49455	48422	49072	48207
49753	49126	<b>Clinton</b>	48529	48445		49340	48727	49814	49270	48426	49091	48208
49776	49128	48808		48456	<b>Jackson</b>	48744	48744	49833	49276	<b>Ogemaw</b>	48427	48209
	49129	48822	<b>Gladwin</b>	48468	49201	48760	49849	49849		48635	48450	48210
<b>Antrim</b>		48823	48612	48470	49202		49855	49855	<b>Montcalm</b>	48661	49099	48211
49615	<b>Branch</b> (entire county)	48831	48624	48475	49203	<b>Leelanau</b>	49861	48811	48739	48454	49099	48212
49622		48835		48475	49203	49630	49866	48818		48456	48453	48213
49629	49028	48837	<b>Gogebic</b> (entire county)	48731	49224	49636	49879	48829	<b>Ontonagon</b> (entire county)	48465	48456	48214
49720	49030	48845		48735	49233	49653	49880	48834	48466	48465	48453	48215
49727	49036	48848	49911	48754	49234	49654		48838	49910	48469	48464	48216
49729	49082	48866	49938	48755	49237	49670	<b>Mason</b>	48845	49912	48471	48701	48217
	49089	48873	49947	48759	49240		49405	48850	49925	48472	48723	48218
<b>Arenac</b>	49092	48875	49968		49241	<b>Lenawee</b>	49410	48877	49948	48472	48726	48219
48658	49094	48879	49969	<b>Ingham</b>	49254	49220	49411	48884	49953	48475	48727	48220
48659	49255	48894		48819	49264	49221	49431	48885	49967	48726	48729	48221
48765		48906	<b>Gr Traverse</b>	48823	49269	49228	49449	48886		48741	48733	48222
48766	<b>Calhoun</b> (entire county)		49620	48827	49272	49229	49454	48888	<b>Osceola</b>	49631	48735	48223
		<b>Crawford</b> (none)	49649	48854	49277	49233	49660	48891	49631	49677	48741	48224
<b>Baraga</b> (entire county)	49011			48872	49284	49235		49322	49677	49817	48744	48225
	49014	<b>Gratiot</b> (entire county)		48892	49285	49236	<b>Mecosta</b>	49329	49679	49836	48744	48226
49861	49015	48615	<b>Delta</b> (entire county)	48895		49238	48850	49336	49688	49840	48757	48227
49908	49017	48906		48895	<b>Kalamazoo</b>	49247	49307	49339		49854	48757	48228
49919	49021	49807	48637	48910	49001	49248	49310	49347	<b>Oscoda</b>	49883	48760	48229
49946	49029	49817	48662	48912	49004	49253	49336		48619	49840	48767	48230
49958	49033	49818	48801	48915	49007	49256	49340	<b>Montmorency</b>	48619	49854	48768	48234
49962	49034	49829	48806	48933	49008	49265	49631			49883	48768	48235
49970	49051	49835	48807	49251	49012	49267		<b>Muskegon</b>	<b>Otsego</b> (none)	48414	49013	48236
	49052	49837	48811	49264	49034	49268	<b>Menominee</b> (entire county)	49303		48418	49026	48242
<b>Barry</b> (entire county)	49068	49878	48832	49285	49052	49276		49318	<b>Ottawa</b>	48429	49043	
	49076	49880	48847		49053	49279	49807	49330	49330	48436	49045	<b>Wexford</b>
48849	49092	49884	48856	<b>Ionia</b> (entire county)	49060	49286	49812	49403	49403	48460	49047	49601
48897	49094	49894	48871		49078	49287	49813	49404	49404	48616	49055	49618
49017	49224	<b>Dickinson</b>	48877	48809	49080		49821	49415	49417	48649	49056	49620
49021	49245	49801	48880	48815	49087	<b>Livingston</b>	49847	49437	49423	48817	49057	49663
49046	49284	49802	48889	48834	49088	48137	49848	49440	49435	48831	49064	
49050		49815		48837	49097	48836	49858	49441	49464	48848	49079	
49058	<b>Cass</b>	49831	<b>Hillsdale</b>	48845		48892	49873	49442		48857	49090	
49060	49031	49834	49082	48846	<b>Kalkaska</b> (none)	49285	49874	49444	<b>Presque Isle</b>	48866	49098	
49073	49045	49870	49227	48849			49886	49451	49707	48867		
49080							49887					



# Orchard Pediatrics, PC

– Newborn through Adolescent Care –

Patient's Name: \_\_\_\_\_

Insurance Co: \_\_\_\_\_

## Advance Beneficiary Notice (ABN)

**Note: You will need to make a choice about receiving these health care items or services.**

Your health insurance may not pay for the item(s) or service(s) that are described below. Health insurers do not necessarily pay for all of your health care costs. Insurance only pays for covered items and services. The fact that insurance may not pay for a particular service does not mean that you should not receive it; your doctor recommends that you do receive this service.

Item(s) or Service(s):

**VISION SCREENING  
PROCEDURE 99177**

The purpose of this form is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you might have to pay for them yourself. Also, by signing below you agree to take financial responsibility for the cost of the item(s) or service(s), if your health insurance does not include this as a covered item(s) or service(s). **The cost for vision screening is \$37.00**

Responsible party signature: \_\_\_\_\_

Date: \_\_\_\_\_



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# Orchard Pediatrics, PC

– Newborn through Adolescent Care –

Patient Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## DENTAL HEALTH QUESTIONNAIRE (12, 18, 24, 30 month old)

1. Does your child drink fluid other than water out of a bottle or sippy cup?      yes\_\_\_\_no\_\_\_\_

2. How many between-meal snacks does your child eat per day?      \_\_\_\_\_

3. Does your child have special health care needs?      yes\_\_\_\_no\_\_\_\_

4. Is your child eligible for Medicaid?      yes\_\_\_\_no\_\_\_\_

5. What type of water does your toddler drink?

well      \_\_\_\_\_

reverse osmosis\_\_\_\_\_

city      \_\_\_\_\_

bottled \_\_\_\_\_

none      \_\_\_\_\_