

Pediatric Urgent Care of Franklin County
5 Roadside Ave
Waynesboro, PA 17268
phone 717-655-7590
fax 717-655-7589

**WE CANNOT ACCEPT THE FOLLOWING MEDICAID INSURANCES:
UPMC, Gateway and out of state Medicaid.**

Primary Care Physician _____

Patient's Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zipcode _____

Sex _____ Birth date _____ Social Security # _____

Home phone _____ Cell phone _____

Pharmacy Name _____ Location _____

Language _____

Ethnicity (please check one) _____ Not Hispanic or Latino _____ Hispanic or Latino

_____ Decline to answer

Race (check all that apply) _____ American Indian or Alaskan Native _____ Asian

Black or African American _____ White _____ Native Hawaiian or Other Pacific Islander

_____ Decline to answer

Parent's Names _____

Address (if different from above) _____

City _____ State _____ Zipcode _____

Work phone _____ Work phone _____

Emergency contact (other than parent) _____ phone _____

Your privacy is as important to us as it is to you. Rest assured Pediatric Urgent Care is committed to treating and using your personal health information responsibly. This notice describes the information we will collect, how and when we use or disclose that information, and your rights as they relate to your protected health information.

Signature Parent/ Legal Guardian _____ Date _____

Understanding Your Personal Health Information

Each time you visit Pediatric Urgent Care, a record of your visit is made which typically contains your symptoms, examination and test results, diagnoses, treatment, and referral information. This medical record may be used in some of the following ways:

- To plan your care and treatment and to communicate to other health professionals who contribute to your care.
- As a legal document describing the care you received
- As a way for you or a third-party payer to verify that services billed were provided to you
- As a tool in educating health professionals
- As a source of data for medical research or public health officials As a source of data for our business planning, evaluation and marketing.
- We may send your information through secure electronic communication to pharmacies, physicians, business associates or others as deemed appropriate.

Understanding what is in your record and how your health information is used, helps you to be sure it is accurate, understand why others may access your health information, and make more informed decision when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Pediatric Urgent Care, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices. Inspect and copy your health record as provided for in 45 CFR 164.524.
- Amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Request communication of your health information by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Pediatric Urgent Care's Responsibilities

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain.
- We will not use or disclose your health information without your authorization, except as described in this notice.

If you have questions and would like additional information, you may contact Pediatric Urgent Care's Privacy Officer (717) 655-7590.

Patient/Legal Guardian Signature: _____ Date: _____

Dustee A Sylvester DOB 09/13/1970 PEDIATRIC SPECIALISTS OF FRANKLIN CNTY
PEDIATRIC URGENT CARE OF FRANKLIN COUNTY
 New Patient History

Name: _____ Date of Birth: _____ M F

Birth History:

Was the patient born at term? Yes or No If not, how many weeks gestation? _____

Type of delivery: _____ Vaginal _____ Cesarean (C-section) Why? _____

Were there problems at birth or during pregnancy? Yes or No if yes, please explain _____

Did the baby go home from the hospital with mother? Yes or No

During pregnancy did mother use any of the following: ___ Drugs, ___ Alcohol, ___ Tobacco/Cigarettes,
 ___ Prenatal vitamins, ___ medications, please list: _____

How was your baby fed: ___ Breast ___ Bottle Birth weight: _____ Pass Hearing? Yes or No

Past Medical History:

Does your child have, or has your child ever had:

Illness	Yes	No	Explain
Chickenpox			
Frequent ear infections			
Hearing problems			
Vision problems			
Allergies			
Lung disease (asthma, CF, pneumonia, etc.)			
Heart problems			
Cancer			
Stomach problems			
Cancer			
Urinary Tract Infection			
Kidney disease			
Sleep problems			
Headaches			
Seizures			
Obesity			
Diabetes			
Thyroid disease			
ADHD			
Mood disorders			
Developmental Delay			
Dental decay			
Alcohol use			
Drug use			
Tobacco use			
HOSPITALIZATIONS?			

Dustee A Sylvester DOB 09/13/1970 PEDIATRIC SPECIALISTS OF FRANKLIN CNTY ease

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list: _____

Please list current medications: _____

Social History:

Who lives at home with the child?

Name	Relationship to child	Age	List other siblings not living with patient

Please list pets that are in the house: _____

What are parent's jobs/occupation: Mother _____ Father _____

Is there exposure to cigarette smoke? Yes No If yes, where: _____ inside _____ outside _____ car

What is the water source? _____ Town with fluoride _____ town without fluoride _____ well _____ other _____ unsure

Was your home/residence built before 1977? Yes No

Family History:

Have any close family members had the following? (parents, siblings, grandparents)

Illness	Yes	No	Unsure	Who?
Childhood hearing loss				
Allergies				
Asthma				
Tuberculosis				
Heart Disease				
High Cholesterol				
High Blood Pressure				
Anemia/Bleeding disorder				
Dental Decay				
Cancer				
Liver Disease				
Kidney Disease				
Diabetes				
Obesity				
Epilepsy				
Seizures				
Alcohol Abuse				
Drug Abuse				
Mental Illness				
Depression				
Developmental Delay				
Immune Problems				

Comments: _____

PEDIATRIC URGENT CARE OF FRANKLIN COUNTY
5 ROADSIDE AVE
WAYNESBORO, PA 17268
717-655-7590

Name: _____ DOB: _____

Insurance (Primary): _____

ID#: _____ Group#: _____

Insured name _____ DOB: _____

Insurance (Secondary): _____

ID#: _____ Group#: _____

Insured name _____ DOB: _____

I have read, signed and understand the *Notice of Privacy Practices* and understand that medical information may be required to process the insurance claim. I hereby authorize *Pediatric Urgent Care of Franklin County* to apply for benefits on my behalf for the covered services rendered by the physician. I request that my insurance company make payment directly to *Pediatric Urgent Care of Franklin County*. **I understand that I am responsible for all deductible and co-pay amounts and any/ all services not covered by my insurance.** I certify that the insurance coverage information I have provided is correct.

Signature of parent: _____

Relationship: _____

Date: _____