Newtown Center
PEDIATRICS
*Building a Strong Foundation for Healthy Living*

# NEW PATIENT APPLICATION

**DATE:** _____

**Patient(s) information (if you have multiple children, please include everyone):**

| | FIRST NAME | LAST NAME | MIDDLE NAME | NICKNAME | DOB | GENDER |
|---|---|---|---|---|---|---|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

**Parent Information (Parent 1): _____ DOB: _____**

Home address: _____

Home phone: _____ cell: _____

Email: _____

**Parent Information (Parent 2): _____ DOB: _____**

Home address: _____

Home phone: _____ cell: _____

Email: _____

**Insurance Information:**

Insurance Company: _____

ID #:_____ Group #:_____

Policy Holder's Name:_____ Policy Holder's DOB:_____

**Office Policies/Procedures** (Please initial next to each line)

**Initials**

____ Dr. Nowacki along with Jenn Burns, APRN and Emilie Gibbs, PA-C see patients in the office.

____ Our office follows the CDC guidelines for vaccines. This is for the safety of our community and of our patients. We do **NOT** allow families to alter the vaccine schedule or to split up vaccines.

____ Well Exams are scheduled between the following hours:

- Monday, Thursday, Friday 8:45am to 3:30pm
- Tuesday 8:45am to 3:00pm
- Wednesday 9:00am to 3:30pm

**This may require your child going into school late or leaving early, one day a year.

____ We have a well side and a sick side, so depending on why your child visits the office, you will be asked to go to the respective side.

____ Weekend Coverage: Dr. Nowacki and Center for Pediatric Medicine, in Danbury, CT share coverage on the weekends. Dr. Nowacki is always on call for Newtown Center Pediatrics on the weekday evenings, but a triage nurse from Rainbow Babies will be the first to call you back to help answers questions after 9:00pm.

____ Please present any NEW insurance card you may receive. You can also email us insurance changes to ncpnurse@gmail.com. Copays are due at the time of visit. Deductibles must be paid within 30 days of invoice. If the balance is over 30 days, we reserve the right to no longer make appointments or to complete forms.

____ By submitting these forms and records to Newtown Center Pediatrics, I understand that this **does not** automatically make my child a patient in the practice. Newtown Center Pediatrics will contact me when the forms and records have been processed and to confirm my child is a patient. Until then, we recommend your child stays a patient of their current pediatrician.

Parent Signature_____ Date_____

**PLEASE RETURN THIS FORM BY MAIL, FAX, OR EMAIL**

Mailing Address: 10 Queen Street Newtown, CT 06470
Fax: (203) 426-3903
Email: ncpnurse@gmail.com

## Health History Information

**(Please complete this page for each child): NAME_____ DOB: _____**

Prior Pediatrician:_____
Why are you switching:_____
Is the child up-to-date on immunizations and physicals?
Yes No If no, why?_____

## Pregnancy/Neonatal Period

Where was your child born? _____
Is the child yours by ☐birth ☐adoption ☐step ☐other
Any complications_____
Delivery by☐ ☐vaginal ☐C-section
Was your child premature ☐No ☐Yes
Birth weight _____ Length _____

## Infancy/Childhood/Adolescence

Has your child ever been treated for or diagnosed with:

- ☐ Asthma or Wheezing_____
- ☐ Seasonal allergies or eczema _____
- ☐ Recurrent ear infections _____
- ☐ Pneumonia _____
- ☐ Urinary tract infections _____
- ☐ Genetic syndrome _____
- ☐ Seizures _____
- ☐ Anemia _____
- ☐ Broken Bone(s) _____
- ☐ Learning disability _____
- ☐ Depression/anxiety _____

Other chronic medical conditions _____
Has your child ever been hospitalized ☐No ☐ Yes (explain)_____
Surgeries and dates _____
Please list any specialist(s) your child sees and reason: _____

## Allergies

Medicine/Food/Other (list and describe reaction) _____

## Medications

Current medications and dose (include any vitamins or supplements):

_____

## Social History

Who lives in the child's household?
☐ Mom ☐ Dad ☐ Stepparent ☐ Siblings (# _____)
☐ Other _____
Mother's occupation_____
Father's occupation_____
Child's parents are ☐Married ☐Unmarried ☐Divorced
Childcare ☐Home ☐Relative ☐Daycare ☐ Nanny
School's name _____ Grade _____
Any concerns about school performance? ☐ No ☐ Yes, explain_____
Do any household members smoke ☐ Yes ☐ No