



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, Tuesday, Wednesday, Thursday 9:00am to 3:00pm
 - Friday 9:00am to 2:30pm**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