

PATIENT REGISTRATION

Date: _____

ROCKY MOUNTAIN PEDIATRIC NEUROLOGY & SLEEP MEDICINE

Patient First Name: _____ Last Name: _____

Address: _____ City _____ State: _____

Zip: _____ Home phone: _____ Birthdate _____ Age _____

Male _____ Female _____ SSN _____

****About the Mother:**

Name (First, Last) _____ Birthdate _____

Address _____

City, State, Zip _____ SS# _____

Home phone _____ Cell phone _____

Employer _____ Employer phone _____

E-MAIL Address _____

****About the Father:**

Name (First, Last) _____ Birthdate _____

Address _____

City, State, Zip _____ SS# _____

Home phone _____ Cell phone _____

Employer _____ Employer phone _____

E-MAIL Address _____

*******Referring/Primary Care Physician Information:*******

Physician - Name: _____

Name of Practice _____ Phone # _____

Address: _____ City _____ State _____ Fax # _____

Group Health Insurance Information)

Primary Insurance Name: _____ Customer Services Phone#. _____

Policy Holder Name: _____ SSN: _____ DOB: _____

Policy Holder Employer: _____ Phone #: _____

Group/Policy #: _____ ID Number: _____

Secondary Insurance Name: _____ Customer Service Phone # _____

Policy Holder Name: _____ SSN: _____ DOB: _____

Policy Holder Employer: _____ Phone #: _____

Group/Policy #: _____ ID Number: _____

How did you learn about our practice? _____

ROCKY MOUNTAIN PEDIATRIC NEUROLOGY & SLEEP MEDICINE
Patient Consent Form

(Please Read and Sign)

I, the undersigned, hereby consent to the following Treatment:

- Administration and performance of all treatments
- Performance of such procedures as may be deemed necessary or advisable in the treatment of this patient
- Use of prescribed medication
- Performance of diagnostic procedures/tests and cultures
- Performance of other medically accepted laboratory tests that may be considered medically necessary or advisable based on the judgment of the attending physician or their assigned designees

I fully understand that this is given in advance of any specific diagnosis or treatment.

I intend this consent to be continuing in nature even after a specific diagnosis has been made and treatment recommended. The consent will remain in full force until revoked in writing.

I understand that Rocky Mountain Pediatric Neurology & Sleep Medicine may include consent at satellite offices under common ownership.

I, the undersigned, acknowledge that Rocky Mountain Pediatric Neurology & Sleep Medicine will use and disclose my information for the purposes of treatment, payment, and healthcare operations as described in the Notice of Privacy Practices.

A photocopy of this consent shall be considered as valid as the original.

I acknowledge that I have been given the Rocky Mountain Pediatric Neurology & Sleep Medicine Notice of Privacy Practices. I understand that if I have questions or complaints that I should contact the Privacy Official. Patient Initial: **** _____ ****

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

Patient (or Responsible Party) Signature

Date

ROCKY MOUNTAIN PEDIATRIC NEUROLOGY & SLEEP MEDICINE

INITIAL HISTORY FORM

General Information

Patient Name:	Date of birth:
Relationship:	Primary Care Physician (PCP):

Chief complaint (why you are here)

Birth History

<i>Problems during pregnancy? y/n</i>	<i>If yes, describe:</i>
<i>Born on time? y/n</i>	<i>If no, how many weeks?</i>
<i>C-section? y/n</i>	<i>If yes, why?</i>
<i>Other complications with delivery? y/n</i>	<i>If yes, describe:</i>
<i>Problems after birth? y/n</i>	<i>If yes, describe:</i>
<i>Age at hospital discharge:</i>	<i>Birth weight:</i>

Medical History

<i>Chronic medical conditions:</i>	
<i>Hospitalizations</i>	
<i>Age</i>	<i>Reason for hospitalization</i>
<i>Age</i>	<i>Reason for hospitalization</i>
<i>Age</i>	<i>Reason for hospitalization</i>
<i>Surgeries</i>	
<i>Age</i>	<i>Operation</i>
<i>Age</i>	<i>Operation</i>
<i>Age</i>	<i>Operation</i>

Social History

<i>Who lives at home?</i>		
<i>Alcohol, drug or tobacco use?</i> y/n		
<i>Year in school:</i>	<i>Average grades:</i>	<i>Grades repeated:</i>
<i>What do you want to be when you grow up?</i>		

Developmental History (please indicate age at which skill was achieved)

<i>Smile</i>		<i>Roll B -> F</i>		<i>Pincer grasp</i>	
<i>Laugh</i>		<i>Roll F -> B</i>		<i>Scribble</i>	
<i>1st word</i>		<i>Sit</i>		<i>Bladder control</i>	
<i>2-3 word phrases</i>		<i>Crawl</i>		<i>Bowel control</i>	
<i>Head control</i>		<i>Walk</i>		<i>Ride a bicycle</i>	
<i>Any history of developmental regression (loss of previously acquired skills)?</i> y/n					

Review of Systems (please answer y/n to all recent symptoms)

<i>Constitutional:</i>	<i>Fever? y/n</i>	<i>Weight change? y/n</i>	<i>Sleep disturbance? y/n</i>
<i>Eyes:</i>	<i>Blurry vision? y/n</i>	<i>Double vision? y/n</i>	<i>Pain? y/n</i>
<i>Ears, nose, throat:</i>	<i>Hearing loss? y/n</i>	<i>Congestion? y/n</i>	<i>Sore throat? y/n</i>
<i>Cardiovascular:</i>	<i>Chest pain? y/n</i>	<i>Palpitations? y/n</i>	<i>Fainting? y/n</i>
<i>Respiratory:</i>	<i>Shortness of breath? y/n</i>	<i>Cough? y/n</i>	<i>Wheezing? y/n</i>
<i>Gastrointestinal:</i>	<i>Vomiting? y/n</i>	<i>Diarrhea? y/n</i>	<i>Abdominal pain? y/n</i>
<i>Genitourinary:</i>	<i>Incontinence? y/n</i>	<i>Pain? y/n</i>	<i>Change in frequency? y/n</i>
<i>Musculoskeletal:</i>	<i>Joint pain? y/n</i>	<i>Pain or cramps? y/n</i>	<i>Weakness? y/n</i>
<i>Skin:</i>	<i>Rash? y/n</i>	<i>Birth marks? y/n</i>	<i>Moles? y/n</i>
<i>Neurologic:</i>	<i>Headaches? y/n</i>	<i>Numbness? y/n</i>	<i>Tremors? y/n</i>
<i>Psychiatric:</i>	<i>Depression? y/n</i>	<i>Anxiety? y/n</i>	<i>ADHD? y/n</i>
<i>Endocrine:</i>	<i>Excessive sweating? y/n</i>	<i>Loss of energy? y/n</i>	<i>Cold intolerance? y/n</i>
<i>Hematologic:</i>	<i>Abnormal bleeding? y/n</i>	<i>Easy bruising? y/n</i>	<i>Anemia? y/n</i>
<i>Allergic/Immunologic:</i>	<i>Frequent infections? y/n</i>	<i>Food allergies? y/n</i>	

Please share any additional information you think may be helpful

--

Do you have any specific questions or concerns?

--

<i>Signature</i>	<i>Relationship</i>	<i>Date</i>
------------------	---------------------	-------------