

**WESTSIDE PEDIATRIC GROUP, LLP**

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**PATIENT INFORMATION SHEET**

TODAY'S DATE \_\_\_/\_\_\_/\_\_\_

PATIENT \_\_\_\_\_  
 LAST FIRST MI PREFER TO BE CALLED

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ PHONE \_\_\_\_\_ CELL/LANDLINE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PROVIDE ANY CURRENT CUSTODY ORDERS (IF APPLICABLE)**

<b>RACE/ETHNICITY SELECT ALL THAT APPLY</b>  <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Decline <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latin/Spanish Origin <input type="checkbox"/> White	<b>PATIENT PRIMARILY LIVES WITH:</b>  <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT
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**PREFERRED LANGUAGE:**

IS A TRANSLATOR REQUIRED? YES / NO

**HIPAA (PRIVACY NOTICE):**

OTHER AUTHORIZED ALTERNATE CONTACTS, LISTED BELOW (STEP-PARENT, GRAND PARENT, AUNT, UNCLE).  
 MOTHER AND FATHER ARE AUTOMATICALLY CONSIDERED AUTHORIZED FOR ANYONE UNDER THE AGE OF 18.

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**APPOINTMENT INFORMATION / MEDICAL INFORMATION**

MAY WE LEAVE A MESSAGE ON HOME PHONE? (Including auto call)	YES / NO	YES / NO
MAY WE LEAVE A MESSAGE ON CELL PHONE? (Including auto call)	YES / NO	YES / NO
MAY WE SEND TEXT MESSAGES ON CELL PHONE? (Including auto call)	YES / NO	YES / NO
MAY WE LEAVE A MESSAGE ON OFFICE VOICE?	YES / NO	YES / NO
MAY WE LEAVE A MESSAGE WITH ANOTHER PERSON	YES / NO	YES / NO
SEND INFORMATION VIA REGULAR MAIL?	YES / NO	YES / NO
SEND INFORMATION VIA E-MAIL/PATIENT PORTAL?	YES / NO	YES / NO

**MOTHER/LEGAL GUARDIAN'S INFORMATION**

NAME \_\_\_\_\_  
LAST FIRST MI PREFER TO BE CALLED  
DATE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_ PHONE \_\_\_\_\_ CELL/LANDLINE  
ALTERNATE PHONE \_\_\_\_\_ WORK/OTHER  
MAILING ADDRESS(if different than patient) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
EMAIL (to be web enabled) \_\_\_\_\_  
**MARITAL STATUS:**          SINGLE          MARRIED          RE-MARRIED          DIVORCED          WIDOWED

**FATHER/LEGAL GUARDIAN'S INFORMATION**

NAME \_\_\_\_\_  
LAST FIRST MI PREFER TO BE CALLED  
DATE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_ PHONE \_\_\_\_\_ CELL/LANDLINE  
ALTERNATE PHONE \_\_\_\_\_ WORK/OTHER  
MAILING ADDRESS (if different than patient) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
**MARITAL STATUS:**          SINGLE          MARRIED          RE-MARRIED          DIVORCED          WIDOWED

**ELECTRONIC SIGNATURES WILL BE CAPTURED AT THE TIME OF YOUR CHILD'S OFFICE APPOINTMENT, VERIFYING THE INFORMATION ABOVE AND THE STATEMENTS BELOW.**

**INSURANCE-AUTHORIZATION TO PAY BENEFITS:** THIS IS AN AGREEMENT TO BE SIGNED AT THE TIME SERVICES ARE RENDERED. IF YOUR INSURANCE IS NOT VALID OR THE SERVICE/IMMUNIZATION IS DENIED OR NOT COVERED BY YOUR INSURANCE YOU WILL BE CHARGED AS A PRIVATE PAY PATIENT AS PER OUR FINANCIAL AGREEMENT, WHICH IS AVAILABLE TO YOU IN THE WAITING AREA.

**PAYMENT AGREEMENT:** WESTSIDE PEDIATRICS WILL USE ANY/ALL PHONE NUMBERS LISTED TO CONTACT YOU IN REGARD TO ACCOUNT BALANCES, INCLUDING CELL PHONE NUMBERS.

**INSURANCE-RELEASE:** I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS INSURANCE CLAIMS, AND THE RELEASE OF THE INFORMATION BACK TO MY PHYSICIAN. I ALSO AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO THE ABOVE STATED PHYSICIAN(S) FOR SERVICES RENDERED.

**PRIVACY POLICY:** I ACKNOWLEDGE THAT I HAVE BEEN OFFERED A COPY OF THE PRACTICE'S PRIVACY NOTICE AND IF I SO CHOOSE, A COPY WILL BE GIVEN TO ME. (Copies are available in the waiting areas and on our website.)