

Welcome to Woodburn Pediatric Clinic

Thank you for your interest in joining Woodburn Pediatric Clinic. Please keep in mind that this new patient process may take up to 30 days to complete, in order to allow time for records to be received and for the insurance to make PCP assignment changes. If your child needs to be seen before then, refer to your current provider.

Please complete the sections below. Once we have received your child's records, we will be getting in contact with you to schedule their new patient appointment.

A. Fill in the parent's contact information, starting with the financially responsible parent as primary.

Primary Parent: _____ DOB: __/__/__ Phone: (____) _____
Mailing Address: _____ City/State/Zip Code: _____
Private Insurance Name: _____ Group #: _____ Policy #: _____

Parent's Name: _____ DOB: __/__/__ Phone: (____) _____
Mailing Address (if different): _____

B. List all New Patients, which must be 15 years old or younger. Preferred PCP (optional): _____

- Patient's Name:** _____ DOB: __/__/__ Male or Female
Current Concerns: _____ PMH: _____
Medicaid: CCOA Plan Name: _____ Member ID: _____
- Patient's Name:** _____ DOB: __/__/__ Male or Female
Current Concerns: _____ PMH: _____
Medicaid: CCOA Plan Name: _____ Member ID: _____
- Patient's Name:** _____ DOB: __/__/__ Male or Female
Current Concerns: _____ PMH: _____
Medicaid: CCOA Plan Name: _____ Member ID: _____
- Patient's Name:** _____ DOB: __/__/__ Male or Female
Current Concerns: _____ PMH: _____
Medicaid: CCOA Plan Name: _____ Member ID: _____

C. Complete an Authorization for Information for each new patient, in order to obtain their records from their previous providers in the last 10 years.

D. If applicable, list any children that are current patients at Woodburn Pediatric Clinic.

Patient's Name: _____ DOB: __/__/__ PCP: _____
Patient's Name: _____ DOB: __/__/__ PCP: _____
Patient's Name: _____ DOB: __/__/__ PCP: _____