

# New Patient Intake Sheet

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Doctor: AA JF JH SK MM MR CM Assigned MD  Requested MD

**Referral/How did you hear about us?** \_\_\_\_\_ Mother's DOB: \_\_\_\_\_

1. Mother: \_\_\_\_\_ Cell: \_\_\_\_\_  
Last Name First Name

2. Father: \_\_\_\_\_ Cell: \_\_\_\_\_  
Last Name First Name

3. Address: \_\_\_\_\_  
Street Town State Zip

4. Home Phone: \_\_\_\_\_ Mother Work: \_\_\_\_\_ Father Work: \_\_\_\_\_

4.5 Best Phone to Leave Message on: Home \_\_\_ Cell \_\_\_ (Mother's or Father's)

5. Email: \_\_\_\_\_

6. Will deliver at which Hospital?: \_\_\_\_\_

7. Name of OB/GYN: \_\_\_\_\_

8. Name of Insurance Carrier: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance provided through an employer?  Yes  No

Name of Responsible Parent: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_

**NO EMPIRE HMO (ANTHEM) OR AETNA HMO PLANS ARE ACCEPTED IN THIS PRACTICE**

9. If a transfer - What practice are you transferring from? \_\_\_\_\_

What is the reason for leaving your current Practice? \_\_\_\_\_

10. If a transfer – Are your children up-to-date with their immunizations? \_\_\_\_\_

If no, then explain to them that it is the policy of this Practice to follow the American Academy of Pediatrics (AAP) recommendations for immunizations. If they will not immunize their children, then we cannot provide them with medical care and they will need to find a different practice to transfer to.

11. Were their children ever patients here?  Yes  No

If yes, why did they leave? \_\_\_\_\_

12. If it's for a prenatal consult, please be sure to tell them that they will be charges their co-pay at the time of the visit and that a claim for the consultation will be filed with their insurance provider. (They don't have to have a prenatal appointment if they already know they want to come here).

13. Other Child/Children's names:

\_\_\_\_\_  
First DOB Allergies

\_\_\_\_\_  
First DOB Allergies

\_\_\_\_\_  
First DOB Allergies

## **Intake Sheet for New Families**

When a new patient calls, first ask who referred them, then ask what insurance they have.

If the patient is insured by a carrier other than these plans, please complete the Intake Sheet.

Explain to the caller that someone will be in contact with them to set up an appointment and obtain a number where they can be reached. They should be called within a day or two.

Verify insurance coverage either online or by phone call.

**Only after the Billing Dept. has initialed the Intake Sheet, can a patient be accepted into the practice.**