

FAMILY & SOCIAL HISTORY

Please fill in the form below including all members of the immediate family and anyone who lives at the same address as the patient. Use the space at the bottom of the page if more space is needed.

NAME	RELATION	BIRTHDATE	LIVES W/ PATIENT	ANY HEALTH PROBLEMS
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

Is there anyone outside of the immediate family (i.e. grandparents, aunts, uncles, cousins) with any significant conditions or illnesses (i.e. cancer, hypertension, diabetes, hemophilia, heart disease, epilepsy, etc.) ? _____

Does anyone at home smoke, drink, or use any other drugs? _____

How did you find out about our office? Family or Friends: _____

Name

Physician: _____

Name

Other: _____ Website: _____

Patient Consent Form

By signing this document, I, _____, have fully read and understand the financial policy of *Pediatric Associates of Cincinnati, Inc.* I hereby consent to allow *Pediatric Associates of Cincinnati, Inc.* to reach me via: (check all that apply)

Parent/ Guardian

_____ Home phone: () _____ - _____

_____ Cell phone: () _____ - _____

_____ Work phone: () _____ - _____

I understand and consent to *Pediatric Associates of Cincinnati, Inc.* to use an automatic dialer to reach me. I will cooperate with the billing department of *Pediatric Associates of Cincinnati, Inc.* to ensure payment for my services. I understand that I will be responsible for any cost(s) associated with the collection of my account if I default on this agreement. I understand that the terms of this financial policy may be amended at any time without prior notification to me, the parent/guardian/patient. In the event that the patient is a minor, I am the parent and/or guardian of said patient and agree that I am responsible for payment for all services rendered to the patient herein.

Failure to sign this form may result in rescheduling your appointment.

Print name of patient(s)

Signature of parent/guardian

Date

Please return signed document to the front desk.
A copy is available for you if requested.