

Crazy About Kids Pulmonary Services

Patient Information

Patient Name _____ DOB _____ Sex _____

Preferred Name _____ Contact Phone _____

Home Address _____ City _____ Zip _____

Primary Language _____ Race _____ Ethnicity _____

Primary Care MD/NP _____ Phone Number _____

Pharmacy _____ Pharmacy Number _____

Patient lives with Mom Dad Foster Care Grandparent Other _____

Parent/Guardian Information

Name _____ DOB _____ Relationship to Patient _____

Home Address _____ City _____ Zip _____

Phone Cell _____ Email Address _____

Name _____ DOB _____ Relationship to Patient _____

Home Address _____ City _____ Zip _____

Phone Cell _____ Email Address _____

Consent to Treat

I hereby grant permission for the person(s) listed on the lines below to seek medical treatment, obtain prescriptions, and allow in the performing of medical testing on my behalf. I understand that this permission is valid until I have given written notice to cease.

Consent for Electronic Communication

I hereby consent to receive the following information electronically:

- | | | | |
|----------------------|--------------------------------|--------------------------------|---------------------------------------|
| Health Notifications | <input type="checkbox"/> Email | <input type="checkbox"/> Phone | <input type="checkbox"/> Text Message |
| Appointments | <input type="checkbox"/> Email | <input type="checkbox"/> Phone | <input type="checkbox"/> Text Message |
| Announcements | <input type="checkbox"/> Email | <input type="checkbox"/> Phone | <input type="checkbox"/> Text Message |
| Billing | <input type="checkbox"/> Email | <input type="checkbox"/> Phone | <input type="checkbox"/> Text Message |

Signature of Parent/Guardian _____ Date _____

The provider and staff of Crazy About Kids Pulmonary Services are here to take care of children. Our focus is on the medical, psychological and emotional health of your child – NOT legal issues involving divorce, separation, or custody agreements. That is why we ask you to read and agree to the following:

1. Either parent or legal guardian can schedule an appointment for their child, be present for the visit, and/or obtain a copy of the visit summary. ***Unless there is a court order in the child's record that restricts a parent's rights, please do not ask us to limit the other parent's involvement in your child's care.***
2. Payment is due at the time of scheduling service regardless of which parent is responsible for medical coverage. We are not a party to your divorce agreement. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.
3. Both parents/legal guardians can sign a "Consent to Treat" form. This means other persons (like grandparents, nannies, etc.) are authorized to bring your child to our practice, and can consent for treatment during that visit. ***We will NOT be involved in any disputes regarding named individuals on your child's Consent to Treat form.*** Both parents/legal guardians can see who is named on each other's forms; however, we will not comply with requests to eliminate names on the other's form, unless instructed by the Court. Please refer these requests to your attorney.
4. Additionally, we will not:
 - Call the other parent for consent prior to treatment or inform the other parent whenever visits are scheduled.
 - Restrict either parent's/legal guardian's involvement in your child(ren)'s care, unless authorized by law.
 - Tolerate appointment scheduling/cancelling patterns of behavior between parents.
5. It is both parents' responsibility to communicate with each other about the patient's care, office dates/visits and any other pertinent information relevant to the care of the child. Please do not ask our providers to call the non-attending parent following visits.
6. Should the issues that come between parents become disruptive to our practice or impede the care of children, we reserve the right to discharge your family from further treatment.

Parent Signature

Parent Printed Name

Date

Acknowledgement signature is required on this form by ALL families regardless of your personal family situation.