



Pediatric Associates of Conn., P.C.

160 Robbins St  
Waterbury, CT 06708

229 Main Street South  
Southbury, CT 06488

(203) 755-2999

**\* WE DO NOT ACCEPT DISCS/USB \***

Pre- registration Intake Form

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_ Sex: (circle one) **M / F**

Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail : \_\_\_\_\_

Marital Status: (Circle One) Married Single Separated IF DIVORCED: Joint Custody Sole Custody

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

Card Holder Name: \_\_\_\_\_ Card Holder D.O.B: \_\_\_\_\_

**Verification of PAC EMR: (For office use only) Date: \_\_\_\_\_ By: \_\_\_\_\_**

1. Have you ever been a patient of Pediatric Associates or seen any of our Physicians, if so who/when?
  
2. Previous pediatrician's name, address, and phone number?
  
3. It is the policy of Pediatric Associates of Conn., PC in accordance with the American Academy of Pediatrics that we are a "pro-vaccine" practice.  
Is your child up to date with their immunizations \_\_\_\_\_.  
Has your child been fully vaccinated \_\_\_\_\_?
  
4. Do you need an appt? \_\_\_\_\_ How will you obtain Medical Release: \_\_\_\_\_

Registered by: \_\_\_\_\_