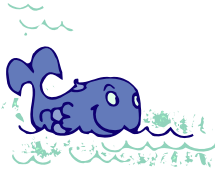


# WEE CARE PEDIATRICS

JAMES A. BAKERINK, M.D.  
CANDACE MOORE, P.A.-C  
AMIE DUFORD, P.A.-C  
CHRISTINE ESTEPA, A.P.N.



## Patient and Parent Information

Please Fill Out Completely!

Child's Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Other Names this Child has been known by: \_\_\_\_\_

Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Alternate Phone # \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: (Not Living With You) \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

How were you referred to Wee Care Pediatrics? \_\_\_\_\_ Physician? \_\_\_\_\_ Friend? \_\_\_\_\_ Family? \_\_\_\_\_ Previous Patient at another office? \_\_\_\_\_ Insurance? \_\_\_\_\_ Yellow Pages? \_\_\_\_\_

If this is a newborn, which hospital was the baby born? \_\_\_\_\_

Which pediatrician saw you in the hospital? \_\_\_\_\_

I authorize the providers of Wee Care Pediatrics to provide medical care for my child as necessary. I am financially responsible for any amount not covered by my insurance. I also authorize Wee Care Pediatrics to release to my insurance plan information concerning the health care provided. The information will be used for the purpose of evaluating and administrating claims for benefits. Information released for any other purpose will require my signature for release.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

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Ofc Initials