

AGUIRRE PRACTICE OF MEDICINE

PATIENT INFORMATION

Patient Name _____ Age _____ Sex _____ Date of Birth ___/___/___
Street Address _____ City _____ State _____ Zip _____
Social Security # _____ - _____ - _____ Home Phone # _____ Alternate Phone # _____

PARENT INFORMATION

Mother

Name _____ Address, if different _____
Social Security # _____ - _____ - _____ Date of Birth _____
Employer _____ Occupation _____ Wk Phone # _____
Employer's address _____ City _____ State _____ Zip _____
Email _____

Father

Name _____ Address, if different _____
Social Security # _____ - _____ - _____ Date of Birth _____
Employer _____ Occupation _____ Wk Phone # _____
Employer's Address _____ City _____ State _____ Zip _____

RESPONSIBLE PARTY (WHO IS RESPONSIBLE FOR PAYMENT, NOT YOUR INSURANCE)

Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Relationship to patient _____ Patient lives with ___ Mother ___ Father ___ Both ___ Legal Guardian

INSURANCE INFORMATION

Name of insurance company _____ Policy holder's name _____
Medicaid # _____ CHIP # _____ Medicare# _____
Group # _____ Policy # _____ Member ID# _____

Insurance Authorization: I hereby authorize any holder of medical information to furnish such information to my insurance carriers concerning patients' illness and treatments needed to settle this or related claims. I permit a copy of this authorization to be used in place of the original

Assignment of Benefits: I hereby assign Dr Maria Del Rosario Aguirre of San Antonio, Texas all payments for medical services rendered for myself or my dependents. I understand that I am responsible and promise to pay for any amount not covered by insurance

Signature _____ **Date** _____

2515 Castrovilla Rd., Ste 103
San Antonio, TX 78237
Ph: 210-433-0366 Fax: 210-433-2622

Minor Child: _____ **Date of Birth** _____ **Date** _____

Notice to Medicaid Recipients

Medicaid is a state funded program that requires **ALL** recipients to have all necessary medical appointments completed; therefore, it is the policy of Aguirre Practice of Medicine and a requirement by the State of Texas to report any and all **MISSED** appointments to your Medicaid case worker and or provider. Failure to keep medical appointments may result in your case worker **TERMINATING ALL MEDICAID BENEFITS** based on non-compliance with state regulation. If you need to cancel your child's appointment, you must call our office at least 24 hours in advance to cancel and reschedule your appointment.

Legal Guardian Signature _____ **Date** _____

Authorization for Medical Treatment of Minors

Any child that is a minor (under 18 years of age) **MUST** have a legal guardian or appointed representative present at ALL medical appointments. **NO EXCEPTIONS!** Please fill out your child's information and the information of others that you authorize to bring your child/children to Aguirre Pediatrics.

Name of Minor	Date of Birth	Allergies/Special Conditions

I/We being the parent(s) or legal guardian of the above named minor(s) do hereby appoint:

Name	Address	Phone Number

To act in my/our behalf in authorizing unexpected medical, surgical care and hospitalization for the above named minor(s) during the period of my/our absence. This document shall be presented to a physician or appointed hospital representative at such time that may be required.

Appointments will be rescheduled if legal guardian or an appointed representative is not present at the time of treatment.

Legal Guardian Signature _____ **Date** _____

Minor Child _____ Date of Birth _____ Date _____

Advance Practice Nurse Consent for Treatment

This facility has on staff an Advance Practice Nurse to assist in the delivery of pediatric care. An Advance Practice Nurse is not a doctor. An advance Practice Nurse is a Registered Nurse who has received advanced education and training in the provision of health care. An Advance Practice Nurse can diagnose, treat, and monitor common acute and chronic diseases as well as provide health maintenance care. The Advance Practice Nurse may treat minor lacerations and other minor injuries. In addition, the Advance Practice Nurse is under constant supervision of Maria Aguirre, MD, the Medical director of Aguirre Practice of Medicine.

I understand that at any time I can refuse to see the Advance Practice Nurse and request to see a physician, furthermore I have read the above, and hereby consent to the service of an Advance Practice Nurse for my child's health care needs.

Legal Guardian Signature _____ **Date** _____

Acknowledgement of Review of Notice of Privacy Practices

Our notice of Privacy Practices information about:

- The Privacy rights of our patients
- How Aguirre Practice of Medicine may use and disclose Protected Health Information (PHI) about our patients

Federal regulation requires that we give our patients or their authorized representative our Notice of Privacy Policy.

If you have any questions about your rights or our privacy practices, please contact our General Manager.

Aguirre Practice of Medicine
2515 Castroville Rd., Ste 103
San Antonio, TX 78237
Ph: 210-433-0366 Fax: 210-433-2622

By signing this form you are acknowledging that you have received and understand our Privacy Policy

Legal Guardian Signature _____ **Date** _____

Practice Representative _____ Date _____

Minor Child _____ Date of Birth _____ Date _____

PEDIATRIC PAST MEDICAL HISTORY

Hospitalizations: _____

Last Dental Visit _____

Surgeries: _____

Menarche: _____

Allergies:

Last Menstrual Period _____

Foods _____

Previous Menstrual Period _____

Medications _____

Airborne allergens _____

Please mark all that apply to your child:

HEENT: __Headaches __ eye problems, __myopia, __astropian, __ptosis, __epistaxis,
__deviated septum, __recurrent sore throats, __sinusitis

NECK: __Thyroid problems, __cysts, __gland enlargement, __spasm, __injuries

Chest: __Chronic cough, __asthma, __pneumonia, __wheezing __pain __sputum production
__TB exposure __fatigue with exercise

Cardiac: __Heart murmur __chest pain __heart defect __fainting with exercise
__syncope __palpitations __skipped beats

Abdomen: __Pain __constipation __diarrhea __vomiting __Nausea __weight loss __weight gain
__pain after eating fatty/spicy foods

Genitourinary: __Circumcision __testicular pain or mass __vaginal discharge __sexual activity
__bladder or kidney infections __rashes

Musculoskeletal: __Injuries __fractures __sprains __extremity larger or smaller than other
__scoliosis __back pain __numbness or pain in extremities __neck pain __arthralgia __joint pain __joint swelling
__redness __limitation in movement

Neurological: __Headaches __head trauma __hallucinations __weakness in extremities __
tightness in extremities __gait problems __tiptoeing __antalgic gait __favoring of extremities __seizures
__blackout spells __inattention

Endocrine: __abnormal weight gain/loss __signs of puberty (onset?) __excessive hair
__excessive acne __menstrual problems __abnormal growth __testicular problems __visual disturbances __hair
loss __unusually dry/oily skin __neck masses __increased/decreased activity __excessive thirst __polyuria
__polyphagia

Lifestyle: __drugs __alcohol __smoking __THC __inhalants __poor diet __sexual activity with/without
protection __lack of exercise __overtraining __stress __mood problems
__sexual tendencies __relations with others: school, family friends

Developmental problems: __delay in speech __motor __fine motor skills __speech impediments
__poor academic performance __autistic behaviors

Dental: __caries __gingival disease __mouth lesions __sores __occlusion problems __TMJ pain

Dermatologic: __Unusual birthmarks __growing birthmarks __multiple birthmarks __rashes
__blisters __warts __lower back dimples __hairy tufts __abscesses __acne __eczema __psoriasis
__hemangiomas

Legal Guardian Signature _____ Date _____

Minor Child _____ Date of Birth _____ Date _____

FAMILY AND SOCIAL HISTORY

Please mark all that apply to child's family:

Child lives with: Mother Father MGM MGF PGM PGF Foster Parent Family Member

Changes in family: separation divorce major illness death catastrophic changes

Cardiovascular Disease: ASCVD Congenital sudden cardiac death arrhythmias surgery
 HTN dyslipedemia

Allergies: allergy shots sinusitis eczema recurrent otitis anaphylaxis

Respiratory: asthma TB emphysema chronic cough cystic fibrosis

GI: ulcers gastritis GERD celiac disease inflammatory bowel disease colorectal cancer
 polyps juvenile cirrhosis hepatitis A,B,C Hirschsprung's Disease gallbladder disease
 pancreatitis lactose/milk intolerance pyloric stenosis fatty liver disease

Genital: inguinal hernias testicular torsion testicular cancer cervical cancer surgery
 ovarian torsion/cancer

Urinary Tract: UTI polycystic kidney disease hydronephrosis vesicoureteral reflux disease
 abnormal kidneys absent kidneys bladder problems enuresis incontinence

Neurological: seizures developmental delay neurofibromatosis aneurysms migraine HA
 strokes craniosynosis abnormal head shape

Endocrine: diabetes type I diabetes type II thyroid problems pituitary adrenal
 precocious puberty polycystic ovary disease excessive hair (hirsutism)

Chromosomal problems: Down's Syndrome Turner's Syndrome Trisomies Klinefelter's
 Cri-Du-Chat

Musculoskeletal: Scoliosis Spina Bifida Marfan's Syndrome Duchenne's muscular dystrophy
 Ankylosing Spondylitis JRA Rheumatoid Arthritis Lupus

Skin: melanoma unusual birthmark facial large strawberry birthmark (Sturge-Weber Syndrome)
 Neurofibromatosis

Psychiatric disorders: Bi-polar disorder Postpartum depression suicide ADHD Depression
 eating disorder Bulimia Anorexia nervosa Oppositional defiant disorder

Other: HIV Deafness Autism SIDS (crib death)

Legal Guardian Signature: _____ Date _____

Provider Signature: _____ Date _____