

# INCOMING NEW PATIENT QUESTIONNAIRE

(Kindly print or write clearly and legibly)

1) Patient(s) name	D.O.B.	List all medical problems /daily medications
1.1 _____	_____	_____
1.2 _____	_____	_____
1.3 _____	_____	_____
1.4 _____	_____	_____
1.5 _____	_____	_____

## 2) Current health insurance (please circle all applicable)

Aetna, Ambetter, Alabama Medicaid, Amerigroup , BCBS, Caresource, Champva , Cigna, Humana, Humana Medicaid Molina Medicaid of Georgia, PeachState, Tricare, UMR , United, United Medicaid

Others (please specify) \_\_\_\_\_

## 3) Name of Child(ren)'s previous physician &/or practice: -

\_\_\_\_\_

Address \_\_\_\_\_

Telephone no: \_\_\_\_\_

## 4) Reason for transferring \_\_\_\_\_

## 5) How did you learn about us: Google or website or Web MD or Vitals or

Referred by a friend/relative or Phonebook or Others \_\_\_\_\_

**6) Are you willing to abide by the policies of Columbus Children’s Clinic, LLC on**

6.1) Visits by appointments only **Yes**

**No**

6.2) 24-72 hours lead time for request on shot records, school forms, wic forms, FMLA and other patient care related letters, applications. **Yes**

**No**

6.3) Outside treatment referrals when necessary for patient care **Yes**

**No**

6.4) Administering vaccines for all vaccine preventable disease **Yes**

**No**

6.5) Parent/guardian responsibility for informing address change, insurance change, telephone number change, denied claims

**Yes No**

7) Was DFACS ever involved with any of your children? **Yes No**

8) Parent/guardian agrees that no cell phone use is permitted while the provider or staff is present in the room, and that audio or video recording by the parent/guardian or any family member is not allowed.

**9) This clinic uses an AI scribe to assist with clinical documentation. Parents or guardians are informed at the beginning of the visit, and verbal consent is obtained. Please notify the provider at the start of the visit if you do not consent to its use.**

**Certified True by** \_\_\_\_\_

\_\_\_\_\_

**Parent’s/Guardian name**

**Parent/Guardian signature**

**Contact Phone no:** \_\_\_\_\_

**Email:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**(Please write clear and eligible )**

