



Dear Patient and Family:

The Physicians and Staff of Children's Primary Care Medical Group (CPCMG) and Rady Children's Physician Management Services want to extend a warm thank you and welcome to you and your family.

In choosing our medical group, you will find that we are unique in our ability to offer you superior pediatric primary care services through our 78 providers practicing out of eighteen (18) office locations throughout the San Diego and southern Riverside counties. Our access to Rady Children's Hospital and its many affiliated pediatric specialists provide us with a unique opportunity to work together to improve the health status of the children we serve. We are committed to the delivery of quality health care and quality services for all our patients.

We hope *A Guide to Your Child's Care* will help you understand our organization and how to best access our services. A listing of all our locations is included with addresses and telephone numbers. Look for us in your neighborhood and know that we are committed to working with you to make the best health care decisions for your family.

If we can be of further assistance, please contact the CPCMG office of your choice or visit our Web site at [www.cpcmg.net](http://www.cpcmg.net)

Thank you for choosing us for your children's health care needs.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas E. Page".

Thomas E. Page, M.D., F.A.A.P.  
President  
Children's Primary Care Medical Group, Inc.

A handwritten signature in black ink, appearing to read "Cathy M. Romano".

Cathy M. Romano, C.M.P.E.  
President/Chief Executive Officer  
Rady Children's Physician Management Services, Inc.



## New Patient Checklist

As a reminder please bring the following items to your first appointment:

- Completed Forms
  - Patient History Questionnaire
  - Record Release Form
  - Acknowledgement of Receipt of Joint Notice of Privacy Practices
- Patient's Insurance card or military I.D.
- Immunization card (Yellow card)
- Hospital Discharge Summary – only for our Newborn patients
- Any previous medical history that may help in the continued care of the patient

### **Please read our No Show guideline below.**

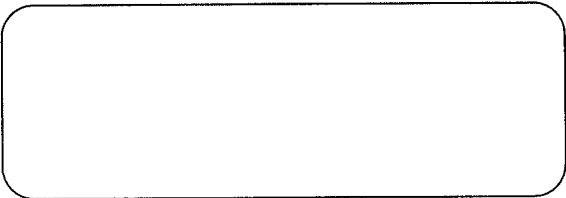
It is the policy of Rady Children's Physician Management Services and Children's Primary Care Medical Group to monitor and manage appointment No-Shows to ensure follow-up inpatient care as deemed necessary by the provider.

Our No-Show policy is considered as any patient who fails to arrive for a scheduled appointment without canceling. Any patient that consecutively No-Shows, 3 consecutive times in a 12 month period, may be subject to limited appointment availability.

In the event you are not able to maintain your scheduled appointment, please contact your office directly to cancel or reschedule any appointment within 24 hours.

Thank you,  
RCPMS Welcome Center Representatives

## Patient History Questionnaire



Patient name: \_\_\_\_\_

**Birth History:** (if child was born in last 12 months)

Birth Length \_\_\_\_\_ Birth Weight \_\_\_\_\_ Birth Hospital/Center: \_\_\_\_\_  
Gestational Age \_\_\_\_\_ Birth Place (City/Country): \_\_\_\_\_

Did your child receive Hepatitis B Vaccine at birth? Yes No – Date given: \_\_\_\_\_

List any problems at birth \_\_\_\_\_

**Medical History:**

Has your child ever had any of these? Please circle Yes or No.

|                    |        |                   |        |                  |        |                      |        |
|--------------------|--------|-------------------|--------|------------------|--------|----------------------|--------|
| ADD/ADHD           | Yes No | Cancer            | Yes No | Headaches        | Yes No | Pneumonia            | Yes No |
| Allergies          | Yes No | Chickenpox        | Yes No | Hearing problems | Yes No | Scoliosis            | Yes No |
| Anemia             | Yes No | Colitis/          | Yes No | HIV/AIDS         | Yes No | Seizures             | Yes No |
| Anxiety            | Yes No | bowel disease     | Yes No | Jaundice         | Yes No | Sickle cell          | Yes No |
| Asthma             | Yes No | Diabetes mellitus | Yes No | Lead poisoning   | Yes No | Strep throat         | Yes No |
| Congenital disease | Yes No | Ear infections    | Yes No | Meningitis       | Yes No | (recurrent/frequent) |        |
| Bladder/kidney     | Yes No | Eating disorder/  | Yes No | Heart murmur     | Yes No | Tuberculosis         | Yes No |
| infection          |        | problems          |        |                  |        | Vision problems      | Yes No |
|                    |        | Eczema            | Yes No |                  |        |                      |        |

List other medical problems \_\_\_\_\_

**Surgical History:**

Has your child ever had any of these? Please circle Yes or No.

|              |        |               |        |                   |        |
|--------------|--------|---------------|--------|-------------------|--------|
| Appendectomy | Yes No | Eye surgery   | Yes No | Lymph node biopsy | Yes No |
| Ear tubes    | Yes No | Hernia repair | Yes No | Tonsillectomy     | Yes No |

List other operations or procedures \_\_\_\_\_

**Family History:**

Please place a check mark for any of these conditions:

| Relative    | Arthritis | Asthma | Birth defects | Cancer | Depression | Diabetes | Early Death | Hearing Loss | Heart Disease | High Blood Pressure | High Cholesterol | Kidney Disease | Learning Disability | Mental Illness | Mental Retardation | Miscarriages | Stroke | Substance Abuse | Vision Loss | Other Disorder |
|-------------|-----------|--------|---------------|--------|------------|----------|-------------|--------------|---------------|---------------------|------------------|----------------|---------------------|----------------|--------------------|--------------|--------|-----------------|-------------|----------------|
| Mother      |           |        |               |        |            |          |             |              |               |                     |                  |                |                     |                |                    |              |        |                 |             |                |
| Father      |           |        |               |        |            |          |             |              |               |                     |                  |                |                     |                |                    |              |        |                 |             |                |
| Sister      |           |        |               |        |            |          |             |              |               |                     |                  |                |                     |                |                    |              |        |                 |             |                |
| Brother     |           |        |               |        |            |          |             |              |               |                     |                  |                |                     |                |                    |              |        |                 |             |                |
| Aunt/Uncle  |           |        |               |        |            |          |             |              |               |                     |                  |                |                     |                |                    |              |        |                 |             |                |
| Grandparent |           |        |               |        |            |          |             |              |               |                     |                  |                |                     |                |                    |              |        |                 |             |                |
| Other       |           |        |               |        |            |          |             |              |               |                     |                  |                |                     |                |                    |              |        |                 |             |                |

List other significant hereditary disorders \_\_\_\_\_

**Social History:**

Who lives at home? \_\_\_\_\_

Does anyone smoke around your child? Yes No

List pets at home \_\_\_\_\_

Are there any guns at home? Yes No

Has there been any violence at home? Yes No

Is there a pool or hot tub at home? Yes No

List other significant things about your family environment \_\_\_\_\_

Form completed by:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Print name: \_\_\_\_\_

|                             |             |
|-----------------------------|-------------|
| Reviewed by provider: _____ | Date: _____ |
| (Signature)                 |             |



**Record Release Form  
Authorization for Use or Disclosure of Health Information**

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with California and Federal law concerning the privacy of such information. Failure to provide all information requested may invalidate this authorization.

**AUTHORIZATION:**

I hereby authorize (name and address of physician or facility)

\_\_\_\_\_

to furnish to (name and address of recipient)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

medical records and information pertaining to medical history, mental or physician condition, services rendered, or treatment

for: \_\_\_\_\_ DOB \_\_\_\_\_  
(Print last, first, middle initial)

- ALL MEDICAL INFORMATION, WITHOUT EXCEPTION, including information regarding AIDS testing, psychological or psychiatric treatment, and drug or alcohol abuse.
- All medical information EXCEPT that indicated below:  
\_\_\_\_\_

ONLY THE FOLLOWING INFORMATION:  
\_\_\_\_\_

**USES:**

This information supplied is to be used for the following purpose(s):

\_\_\_\_\_

**DURATION:**

This authorization shall become effective immediately and shall remain in effect until revoked.

**I UNDERSTAND** that I have the right to revoke this authorization at any time. My revocation must be in writing, signed by me or by my legal representative and delivered to Children's Primary Care Medical Group, Inc.

My revocation will be effective upon receipt, but will not be effective to the extent that the requester or others have acted in reliance upon this Authorization. I have a right to receive a copy of this Authorization. I will not be required to sign this Authorization as a condition to obtaining treatment or payment or my eligibility for benefits.

**SIGNATURE:**

Signed: \_\_\_\_\_

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

Relationship to Patient: \_\_\_\_\_

Witness: \_\_\_\_\_

California law prohibits the requester from making further disclosure of health information unless the requester obtains another authorization from me or unless such disclosure is specifically required or permitted by law.

\*Please note that there may be a charge for copying records.



DT79610

PLACE PATIENT ID LABEL INSIDE BOX

**ACKNOWLEDGEMENT OF RECEIPT OF JOINT NOTICE OF PRIVACY PRACTICES**

Rady Children's Hospital San Diego and the Members of its Medical Staff, Children's Specialists of San Diego, Children's Primary Care Medical Group, and UCSD Pediatric Associates have the responsibility to:

- Maintain the privacy of an individual's health information
- Provide a Joint Notice of Privacy Practices which describes our privacy practices
- Allow requests for restrictions on the use or disclosure of health information and notify you if we are unable to accommodate a requested restriction
- Accommodate reasonable requests to communicate with you at an alternate address or location
- Facilitate your (or your child's) right to access and amend the health record and obtain an accounting of certain disclosures of health information

We will not use or disclose your (or your child's) health information without your authorization, except as described in our Joint Notice of Privacy Practices.

In addition, we reserve the right to change our privacy practices and to make the new provisions effective for the health information we maintain. If our privacy practices change, a revised notice will be available at the registration areas and on our websites.

Please acknowledge that you received our Joint Notice of Privacy Practices.

Signature of Patient or Legal Representative

Date

Patient's Name

Name of Legal Representative (if applicable and relationship to patient)

Please Check the Box that applies if unable to obtain a signature:

- Patient/Legal Representative received Joint Notice of Privacy Practices but refused to sign acknowledgement of receipt.
- Patient/Legal Guardian unavailable to acknowledge receipt of Joint Notice of Privacy Practices

Staff Signature

Date



Rady Children's Hospital San Diego  
3020 Children's Way  
San Diego, CA 92123

### When You Need to Contact Your Child's Pediatrician After-Hours...

When contacting your pediatrician after hours, each office, with the help of either a recorded message, or answering service, will provide instructions on how to obtain medical care for your child. Please follow these guidelines to receive advice.

#### Guidelines:

- If you think your child is having a life or limb threatening emergency, call 911 immediately.
- If not a life threatening emergency, please call your pediatrician's office telephone number for direction.
- Medication refills should be done by your child's pediatrician during regular business hours.
- Please make only one call to the office and wait for a reply. Calls are returned based upon medical urgency.
- For additional medical/health tips please visit *Your Child's Health* on our website at [www.rchsd.org](http://www.rchsd.org). Information is also available in Spanish.

#### Preparation:

- Provide your child's name, date of birth, phone number where you can be reached and, the name of your child's pediatrician and your insurance information.
- If your child has a fever, please take their temperature before you call.
- If you have a medication question, please have the bottle available so the nurse can verify the medication and dosing information.
- The nurse will ask you several questions about your child's illness, please be ready to discuss the symptoms of concern to you.
- Have a paper and pencil available to write down instructions.

#### Information:

- Rady Children's Hospital After-Hours Pediatric Telephone Triage Service is staffed by California licensed Registered Nurses.
- The Registered Nurse uses a standardized list of questions that will help guide their advice and direction. Your answers will allow the nurse to decide the best way to help your child.
- The Registered Nurse will complete a full assessment to include past medical history, current medications and allergy information as the nurse does not have access your child's office record.
- The Registered Nurses are not able to diagnosis, prescribe medications or give laboratory results.
- The Registered Nurse will help you manage your child's symptoms and will help determine if your child requires immediate care, follow up or can be managed at home.

#### \*Rady Children's Health Pediatric Telephone Triage Service Hours of Operation:

- 5 p to 10 p Monday through Friday
- 12n to 10p Saturday
- 8a to 10p Sunday
- 8 am to 10 p Holidays

"The mission of Children's Hospital and Health Center is to restore, sustain, and enhance the health and developmental potential of children through excellence in care, education, research and advocacy."