



Southern Pediatric Clinic, LLC
Charlene C. Blache, M.D.
Pediatrics and Adolescent Medicine

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Valdosta, GA 31602
Ph. 229 • 241 • 0059
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ACCEPTANCE QUESTIONNAIRE

Parent/Guardian Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code _____

Email address: _____

Have you been a previous patient of the practice? ☐ Yes or ☐ No

Are you transferring from a local Practice: ☐ Yes or ☐ No

If yes, where are you transferring from? _____ Reason for transferring? _____

Medical Insurance: ☐ Commercial: _____ ☐ Medicaid: _____ ☐ Tricare ☐ Self Pay

Child's Name:	DOB:	Sex: <input type="checkbox"/> Male or <input type="checkbox"/> Female
Is your child up to date on vaccines? <input type="checkbox"/> Yes or <input type="checkbox"/> No	If no, why not? _____	
Does your child have any health problems that you are concerned about? _____		
Is your child currently seeing a Specialist? <input type="checkbox"/> Yes or <input type="checkbox"/> No	If yes, who? _____	
Does your child have a history of any of the following? Please check all that apply.		
<input type="checkbox"/> ADHD	<input type="checkbox"/> blood disorders	<input type="checkbox"/> eczema
<input type="checkbox"/> allergies	<input type="checkbox"/> bronchiolitis/RSV	<input type="checkbox"/> febrile seizures
<input type="checkbox"/> anemia	<input type="checkbox"/> chronic ear infections	<input type="checkbox"/> heart condition
<input type="checkbox"/> asthma/wheezing	<input type="checkbox"/> developmental disorder	<input type="checkbox"/> kidney problem
<input type="checkbox"/> pneumonia	<input type="checkbox"/> psychiatric disorder	<input type="checkbox"/> urinary tract infections
<input type="checkbox"/> other:	_____	

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<input type="checkbox"/> other:	_____	

Parent/Guardian's Signature: _____ Date: _____ Staff's Initials: _____

Office Staff Only

<u>Provider Only</u>	
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Provider's Signature: _____ Date: _____

Front Desk Staff Only

Date Patient Contacted & added to spreadsheet: _____ Staff's Initials: _____
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