PEDIATRIC GASTROENTEROLOGY ASSOCIATES, P.C.

303 Williams Avenue, Suite 1021, Huntsville Al. 35801 phone: 256.536.3832 fax: 256.536.8829

Request for Clinic Appointment

Dr. preferred: Laney [ ] McClellan [ ] First available [ ]

PATIENT DEMOGRAPHICS

Patient Name_____ _____ ___ Social Security Number_____
Last First MI

DOB:_____ Age_____Sex_____ Address _____
Street City State Zip

Phone [ ] _____ [ ]_____ [ ]_____.Check preferred contact #.
Home Work Cell

Parent/Guardian_____ DOB _____ Email_____

INSURANCE INFORMATION If patient has Medicaid, please include a Medicaid referral form with request.

Person responsible for bill/guardian _____ Relationship to patient_____ DOB_____

_____ _____ _____
Primary Insurance Company Primary Policy number Group Number

_____
Card Holder's Name DOB Address (if different from above) Social Security #

DIAGNOSIS

Diagnosis/Reason for Referral/Other Health Problems_____

REFERRING PHYSICIAN INFORMATION

Name _____ Dr.'s UPIN Number_____ Individual NPI Number _____

Phone number_____ Fax number _____ PCP_____

Referral number_____ Contact Person/Extension_____

ADDITIONAL INFORMATION

Interpreter Needed? Yes [ ] No [ ] Language/Hearing/Other Requested_____

If Allergies, please list: _____

If patient has seen other gastroenterologist, who_____ When_____

PLEASE CONTACT PARENT/GUARDIAN WITH APPT DATE AND TIME AND DIRECT TO OUR WEBSITE FOR OFFICE POLICIES, ADDRESS, PHONE NUMBERS AND FORMS. WWW.GASTROFORKIDS.COM

Date of Appointment:_____ Time of Appointment:_____

[ ] Dr. Laney [ ] Dr. McClellan