TLC Pediatrics of Amarillo

3501 Soncy Road, Suite 102
Amarillo, Texas 79119

Insurance Information

Please give your insurance card to the receptionist.

Person Responsible for bill:	Address (if different)		Home phone no.: ( ) -
Employer:	Employer Address:		Employer phone no.: ( ) -
Name of Primary Insurance:	Group no:	Policy no.:	Subscriber's S.S. no.: – –
Subscriber Name:	Birth Date: / /	Patient's Relationship to Subscriber: Child ☐ Other ☐	
Name of Secondary Insurance:	Group no:	Policy no:	Subscriber's S.S. no.: – –
Subscriber Name:	Birth Date: / /	Patient's Relationship to Subscriber: Child ☐ Other ☐	

Family History

Family Member	Name	Age	Health Problem
Father			
Mother			
Sibling(s)			

Any significant history of disease in relatives? _____

_____

Any significant relatives with sudden death prior to age 50? Yes ☐ No ☐ If yes, who? _____

Are natural parents living together: Yes ☐ No ☐ If no, please explain _____

Prenatal, Growth and Development History

Any Child Deaths: _____

Patient's Birth Weight : ____ Was Patient full term : ___ If not How many weeks ____ Delivery : Vaginal ☐ C-Section ☐

Pregnancy/Labor/ Delivery: _____

Health History

Has your child ever had: (Please check appropriate answer)

Chicken Pox	Yes ☐	No ☐	Diabetes	Yes ☐	No ☐	Rheumatic Fever	Yes ☐	No ☐
Eczema/Skin Problems	Yes ☐	No ☐	Pneumonia	Yes ☐	No ☐	Convulsion Epilepsy	Yes ☐	No ☐
High Blood Pressure	Yes ☐	No ☐	Croup	Yes ☐	No ☐	Emotional Disorder	Yes ☐	No ☐
Asthma/Wheezing	Yes ☐	No ☐	TB/ Lung Disease	Yes ☐	No ☐	Cancer	Yes ☐	No ☐
Frequent sore throats	Yes ☐	No ☐	High Cholesterol	Yes ☐	No ☐	Allergies	Yes ☐	No ☐
Frequent Cold	Yes ☐	No ☐	HIV/AIDS	Yes ☐	No ☐	Hepatitis	Yes ☐	No ☐
Kidney Bladder Problems	Yes ☐	No ☐	Handicaps/ Disabilities	Yes ☐	No ☐	Congenital Heart Defect	Yes ☐	No ☐
Frequent Ear Infection	Yes ☐	No ☐	Please explain any medical problem(s) your child may have:					
Mumps, Measles	Yes ☐	No ☐						
Hemophilia	Yes ☐	No ☐						
Heart Murmur	Yes ☐	No ☐						