



East Milton PEDIATRICS

464 Granite Avenue
Milton, Massachusetts 02186
T/617-696-5900 • F/617-696-0363

*Kathleen M. Fitzgerald, M.D.
Caitlin Mangiardi, D.O.
Deirdre Driscoll, PA-C*

*Betsy A. Sisson, M.D.
Mary Ellen Timmins-Finnell, M.D.
Sarah Cooper, M.D.*

Child's Name, Last _____ First _____

Address _____ City/Zip _____

Date of Birth _____ Hospital Name _____

Mothers Name _____ Date of Birth _____

Mothers Occupation _____ Cell Phone _____

Fathers Name _____ Date of Birth _____

Fathers Occupation _____ Cell Phone _____

Preferred Email Address _____

Who Referred You to Us? _____

Name/Phone Number of Grandparents or Friend _____

Name of Insurance Plan _____

Name of Subscriber _____ Employer Name _____

Member Number _____ Relationship to Subscriber _____

Medical Information and Payment Authorization

I request that payment of authorized medical benefits be made on my behalf to East Milton Pediatrics for services rendered. I authorize any holder of medical information about me to release it to the healthcare financing administration or any other insurer, any information needed to determine these benefits payable to related services.

Signature: _____ Date _____

*** PLEASE BE SURE TO ADD YOUR CHILD TO YOUR INSURANCE PLAN. THEY WILL NOT AUTOMATICALLY DO IT WITHOUT A CALL FROM THE SUBSCRIBER. THANK YOU!**

Please complete this family history form for your child

Patient's Name: _____

Today's Date: _____

Put an X for all of your child's biological relatives who have the condition.

Comments: _____

CONDITION	Child's Mother	Child's Father	Child's Sister	Child's Brother	Child's Grandmother (Mother's side)	Child's Grandfather (Mother's side)	Child's Grandmother (Father's side)	Child's Grandfather (Father's side)	Child's Aunt(s)	Child's Uncle(s)	Child's Cousin(s)
ADHD/ADD											
Asthma											
Autism spectrum disorder, PDD-NOS, Asperger's											
Birth Defect											
Bleeding or clotting disorder											
Cancer before age 50											
Born with an eye/vision problem											
Born with hearing loss											
Born with a heart problem											
Diabetes											
Early heart disease (<55 in men, <65 in women)											
Genetic syndrome or condition											
High blood pressure											
High cholesterol or triglycerides											
Kidney Disease											
Mental or mood disorder											
Obesity											
Seizures											
Sudden cardiac death											
Other condition that affects 2 or more family members											
Does not have any of the conditions listed above											
No information about this relative											

Do you have any other concerns about your child's family health history?

Any suggestions? _____