

**Pavilion Pediatrics at Green Spring Station, P.A.**  
**10755 Falls Road, Suite 260**  
**Lutherville, Maryland 21093**  
**Phone (410)583-2955 Fax (410)583-2962**

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**Prenatal Patient Questionnaire**

**Patient Name:** \_\_\_\_\_ Sex: \_\_\_ Due Date: \_\_\_/\_\_\_/\_\_\_ Race: \_\_\_\_\_  
Last First Mi

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Obstetrician: \_\_\_\_\_ Hospital of Birth: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Referred to us by: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ Sex: \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Last First Mi

Address (if different): \_\_\_\_\_ Apt#: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone (\_\_\_\_) - \_\_\_\_\_ \* Cell Phone (\_\_\_\_) - \_\_\_\_\_ Work Phone (\_\_\_\_) - \_\_\_\_\_

*\*Would you like to receive appointment confirmations by text message* \_\_\_ Yes \_\_\_ No

**Parent Name:** \_\_\_\_\_ Sex: \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Last First Mi

Address (if different): \_\_\_\_\_ Apt#: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone (\_\_\_\_) - \_\_\_\_\_ \* Cell Phone (\_\_\_\_) - \_\_\_\_\_ Work Phone (\_\_\_\_) - \_\_\_\_\_

*\*Would you like to receive appointment confirmations by text message* \_\_\_ Yes \_\_\_ No

**Insurance Policy Holder Name:** \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Insurance Company: \_\_\_\_\_

Policy/Id Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Claims Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Family Diseases or Medical Problems

Are all Grandparents alive? \_\_\_\_\_ If No, list relationship, cause and age at time of death: \_\_\_\_\_

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Are all living Grandparents in good Health? \_\_\_\_\_ If No, who and what problems? \_\_\_\_\_

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Any family history of:

_____ Heart Attack or Stroke (<55yrs.)	_____ Depression	_____ Alcoholism	_____ Seizures
_____ High Cholesterol	_____ Asthma	_____ Anemia	_____ Cancer (Type)
_____ Developmental Delays	_____ Other		

## Other Notes or Information

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## Pavilion Pediatrics at Green Spring Station, P.A.

### **CHILDHOOD IMMUNIZATIONS** - *Keeping your Child Safe from Preventable Diseases*

The Physicians and Staff of Pavilion Pediatrics at Green Spring Station clearly recognize the importance of childhood immunizations. These immunizations have been proven to be effective in preventing serious childhood diseases. The vaccination schedule, as outlined by the Center for Disease Control (CDC) and the American Academy of Pediatrics (AAP), is designed to protect your child before they are likely to be exposed to a potentially serious disease. Due to the importance of these vaccines, we will not alter your child's vaccine schedule. Maintaining the appropriate vaccination schedule helps us protect your child from preventable diseases, and other children from potential exposure to these diseases.

Pavilion Pediatrics at Green Spring Station, P.A. will only accept patients after the parent(s) agree to adhere to the CDC and AAP vaccination schedule.

**Child's Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

I acknowledge and agree to the vaccination schedule provided by Pavilion Pediatrics at Green Spring Station, P.A., and will have my child vaccinated as prescribed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

I acknowledge and agree to the vaccination schedule provided by Pavilion Pediatrics at Green Spring Station, P.A., and will have my child vaccinated as prescribed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date