

<p align="center"><b>NEW PATIENT APPLICATION</b></p> <p align="center">Ocoee Pediatrics  55 25<sup>th</sup> Street Cleveland, TN. 37311  Ph: 423-614-3733 F: 423-614-3738  Ocoeepeeds.cleveland@gmail.com</p>						
Name					DOB	
Street Address						
City			State		Zip	
Primary Phone			Secondary Phone			
Parent/ Guardian Name					DOB	
Sibling(s) Name					DOB	
Insurance Carrier	(We currently do not accept United Health Care Community Plan Or Amerigroup. We apologize for any inconvenience.)					
Group #			Insurance ID			
Current PCP			Approx Date of Last Visit			
Reason for pcp change						
Immunization Status			Up to Date	Not Up to Date		
Do you plan to vaccinate your child?			YES	NO		
Child's medical history (illness/ surgeries/ hospitalizations/ etc.)						
Current medications and who is prescribing						
Specialist(s) child has seen in past 3 years						
Who referred you to Ocoee Peds?						
Any other details you would like us to know?						

Please read and initial the following:

\_\_\_\_ Ocoee Peds is invested to assist and ensure the best wellness for your child. Per policy we require your child to have wellness visits per pediatric guidelines (1 week/ 1-2-4-6-9-12-18-24-30-36 mth/ 4-17 yr annually)

\_\_\_\_ I understand to be established with Ocoee Pediatrics I plan to vaccinate my child with all the required vaccines.

\_\_\_\_ I understand if I do not show up to a scheduled appt this is considered a 'No Call, No Show' and can result in being dismissed from the practice. I will call the office before the appointment to reschedule if needed.

<p align="center"><b>Please complete form and email to ocoeepeeds.cleveland@gmail.com</b>  <b>You should have a response within 8-10 business days.</b></p>
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