

conducted herein.

Patient's Parent/Guardian:



___ Date: ______

Ronald McDonald Care Mobile

Patient Demographic Information and Patient Agreements & Authorizations Form

Patient Information			
Last Name:	First Name:		Middle Initial:
Date of Birth:			
Address:			
Home Phone Number:			
Parent/Legal Guardian Information			
Last Name:	First Name:		
Address:	City	/State/Zip Code:	
Cell Phone/Best Daytime Contact number:			
Insurance/Doctor			
Who is your child's regular/primary doctor?	Hisurance		d's last visit to this doctor?
Name		·	
Address			
Which type of insurance does your child have (plea			Plan Name:
Medicaid/Public Insurance No Insurance	Private Insuran	ce (PPO/HMO)	Plan Number:
May your child receive free healthy snack items (may contain nuts, soy, dairy, egg or gluten)? Yes No			
Please list any REQUIRED immunizations you do NOT want your child to receive: Please mark which RECOMMENDED immunizations you do or do not want you child to receive: Flu vaccine Yes No Hepatitis A vaccine (2 dose series) Yes No Hepatitis A vaccine (1 dose series) Yes No (2 dose series if 11-15, 3 dose series if 15 or older)			
 payment for care, or for health care business manage I authorize/allow Advocate to release information re Advocate may release specific clinical information representative. 	, Nurses and other atment and I conse ommended and reconstruction of the ALTH mal health information ement of Advocate Medium of Advocate Medium of the process of the proc	health care providers nt/permit to such stud quired immunizations INFORMATION: (PHI) for the purposes of clical Group. Fapplications for financial gnoses and treatment, while	s in training may, under the supervision of dent involvement. This treatment can include except where declined above. diagnosing or providing treatment to my child, obtaining coverage for services. This authorization provides that ch may be requested by an insurance company or its
 I authorize Advocate to provide my child's educational institution/school with a copy of the health exam and to include immunizations administered. I authorize Advocate to release information from the visit to the primary health care provider/doctor provided above. DISCLAIMER: This Ronald McDonald Care Mobile is made possible by a grant from the Ronald McDonald House Charities, Inc. ("RMHC"), a non-profit, tax-exempt charitable corporation. RMHC has no responsibility or liability for the operation of this Ronald McDonald Care Mobile or any of the medical or dental activities. 			