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[www.eastbaypediatrics.com](http://www.eastbaypediatrics.com)

### New Patient Intake Form

Welcome! Please help us serve you better by providing the following information.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

**Race:** American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefers not to answer

**Ethnicity (please circle at least one):** Hispanic or Latino Not Hispanic or Latino Prefer not to answer

Best phone number to call and send text message confirmations: \_\_\_\_\_

Email address for our patient portal: \_\_\_\_\_

Child's Full Name & Date of Birth: \_\_\_\_\_

Siblings Full Name & Date of Birth: \_\_\_\_\_

We follow the vaccine guidelines from the American Academy of Pediatrics.  
Are your children vaccinated? \_\_\_\_\_

We require patient records for their first appointments. Do you have medical records? \_\_\_\_\_

Did you have a specific doctor in mind? \_\_\_\_\_

Is your child and/or children due for their wellness exam? \_\_\_\_\_ If so, when are they due? \_\_\_\_\_

Does your child and/or children have any major medical concerns that the provider should be aware of?

**Insurance Information: (Please send a copy of your insurance card with your intake form)**

Insurance Plan Name: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

Group# \_\_\_\_\_ Subscriber Name & DOB \_\_\_\_\_

Employer Name: \_\_\_\_\_

We require a credit card on file for all of our patients. In order to deliver a more convenient and consistent payment experience, we will securely save your credit, debit, or FSA/HSA cards on file. Do you agree with the credit card on file policy? \_\_\_\_\_

Please email this completed form to [newpatient.vm@eastbaypediatrics.com](mailto:newpatient.vm@eastbaypediatrics.com) a coordinator will be in touch in 3-5 business days.