

NEW BRAUNFELS PEDIATRIC ASSOCIATES, P.A.

1535 & 1533 E. Common Street, New Braunfels, Texas 78130
 237 Hunter's Village, New Braunfels, Texas 78132
 Phone (830) 625-9153 Fax (830) 609-0572

Timothy W. Owens, M.D., Mark D. Statler, M.D., Jay S. Weinberg, M.D., Sarah E. Rieger, M.D., Ramona Peck, M.D.,
 Michelle L. Bernardy, M.D., Kristen Roeder, M.D., Rachel L. Hayden, PA-C, Wendi H. Reagan, RN, CPNP,
 Ismaela Gomez, RN, CPNP, Kristen Roach, RN, CPNP, Sherry Martinez, RN, CPNP

Thank you for choosing our office. In order to service you properly, we will need the following information.

PERSONAL DATA						
Mother's Name	Age	Date of Birth				
Home Phone #	Cell Phone #	Social Security #				
Emergency Contact Name & Relationship				Emergency	Phone #	
Mother's Address	City	State	Zip Code			
Mother's Occupation	Mother's Employer			Employer Phone #		
Father's Name (or legally responsible adult)		Home Phone #	Cell Phone #			
Date of Birth		Social Security #				
Father's Address	City	State	Zip Code			
Father's Occupation	Father's Employer			Employer Phone #		
INSURANCE INFORMATION						
* Insurance companies may require you to add child within 30 days of birth for coverage *						
Health Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Name of Policy Holder	Date of Birth	Policy Holder Address	City	State	Zip Code	
Name of Insurance Company	Insurance Company Address		City	State	Zip Code	
Group #	Policy #	Co-pay Amount				
Name of Policy Holder (Secondary)	Date of Birth	Policy Holder Address	City	State	Zip Code	
Name of Insurance Company (Secondary)	Insurance Company Address		City	State	Zip Code	
Group #	Policy #	Co-pay Amount				
Are childhood vaccinations covered by your insurance plane? <input type="checkbox"/> Yes <input type="checkbox"/> No (If unknown, please determine)						
Referred By:						
Mother's OB/GYN Doctor:						
FAMILY HISTORY						
HAS ANY BLOOD RELATIVE EVER HAD		FAMILY MEMBERS	BIRTHDATE	HEALTH		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Excessive Bleeding	Father				
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Rheumatic Fever	Mother				
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Kidney Trouble	Children				
<input type="checkbox"/> Cancer	<input type="checkbox"/> Thyroid Trouble					
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Heart Trouble					
<input type="checkbox"/> Birth Defects						
PRENATAL DATA						
Mother's Due Date		Medicines Taken During Pregnancy				
Number of Previous Pregnancies	Miscarriages	Mother's Blood Type	Father's Blood Type			