# Goodlettsville Pediatrics, P.C.

## Contact and Seeking Medical Care Authorization – 18 Years and Older

**Fax (888) 599-5833**

**By consenting below, I understand that GoodPeds cannot give good medical care without good phone numbers for me to be reached at any time. I understand that there are many reasons why my healthcare provider and his/her team might need to get in touch with me including, but not limited to, some of the reasons below:**

*Lab Results* *Appointment Reminder Phone Calls*
*Referral Contact* *Medical team returning phone calls initiated by parent/guardian/patient*
*Continuation of care* *Medical Emergency or Concerns with patient*

_____ _____

**PATIENT (My) FULL LEGAL NAME** **PATIENT (My) DOB**

**Patient Portal Email Address: _____ (used for my medical record access)**

**My Home Phone Number: _____ My Cell Phone Number: _____**

**MOTHER'S FULL LEGAL Name _____**

**__Biological __ Adopted __ Step __ Foster/Guardian CONTACT REGARDING MY CARE: YES or NO**

**Circle One Above**

**Last Four Numbers of Social Security: _____ _____ _____ _____ Living with Patient ____ Yes ____ No**

Home: _____ Cell: _____ Work: _____

**FATHER'S FULL LEGAL Name _____**

**__Biological __ Adopted __ Step __ Foster/Guardian CONTACT REGARDING MY CARE: YES or NO**

**Circle One Above**

**Last Four Numbers of Social Security: _____ _____ _____ _____ Living with Patient ____ Yes ____ No**

Home: _____ Cell: _____ Work: _____

**Others Authorized to speak to GoodPeds' regarding my care (ID required at time of visit):**

**FULL LEGAL Name _____**

**_____ Specific Relationship to Patient Lives with me: ____ Yes ____ No**

Home: _____ Cell: _____ Work: _____

**FULL LEGAL Name _____**

**_____ Specific Relationship to Patient Lives with me: ____ Yes ____ No**

Home: _____ Cell: _____ Work: _____

_____ _____

Signature Date