Goodlettsville Pediatrics, P.C.
Contact and Seeking Medical Care Authorization

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 FULL LEGAL NAME **PATIENT DOB**

MOTHER'S FULL LEGAL Name ____
_____Biological ______ Adopted ______ Step _____ Foster/Guardian

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

Home: _____________________________ Cell: __________________________ Work: _________________________

FATHER'S FULL LEGAL Name ____
_____Biological ______ Adopted ______ Step _____ Foster/Guardian

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

Home: _____________________________ Cell: __________________________ Work: _________________________

Those Authorized to seek medical care in parent's absence (ID required at time of visit):

FULL LEGAL Name ____

_________________________________ Specific Relationship to Patient Living with Patient ____ Yes ____ No

Home: _____________________________ Cell: __________________________ Work: _________________________
FULL LEGAL Name ____

_________________________________ Specific Relationship to Patient Living with Patient ____ Yes ____ No

Home: _____________________________ Cell: __________________________ Work: _________________________
FULL LEGAL Name ____

_________________________________ Specific Relationship to Patient Living with Patient ____ Yes ____ No

Home: _____________________________ Cell: __________________________ Work: _________________________

____ ____
Signature Date

____ ____
Signature Date

____ ____
Signature Date