

Dear Parent or Guardian:

Your child has an appointment with one of the providers in the Pediatric Urology Group at the Monroe Carell Jr. Children's Hospital at Vanderbilt. Please **complete** the new patient forms and **bring** them with you. Our office is located:

**4102 Doctors' Office Tower  
Vanderbilt Children's Hospital  
2200 Children's Way  
Nashville, TN 37232  
615-936-1060**

It is very important that you follow these instructions:

- **Call Central Registration at 615-322-2971 or 1-888-567-5255 to verify your insurance information several days before your appointment.**
- **Bring your insurance card to the appointment as we must make a copy for our files.**
- **If a referral is required by your insurance company you must have your primary care physician fax the referral to our office at 615-936-1061 at least 48 hours before your appointment.**
- **Co-payment, if required by your insurance, is due at the time of the appointment. Please check your insurance card or with your insurance company.**
- **If your child has had any previous X-rays, Ultrasounds or Testing done, you must **BRING THE ACTUAL FILMS WITH YOU!** Do not rely on your doctor's office to do this. The films are important for proper diagnosis and treatment. A written report is not enough for the doctor to treat your child thoroughly. If you do not have the films with you on the day of your appointment it may be necessary to reschedule**  
**\*\*\*\* If studies have been done at Vanderbilt, there is no need to bring with you as we have direct access to these studies \*\*\*\***

We thank you for choosing our office for your child's care.  
If you have any questions, please contact our office at 615-936-1060.

Regards,

The Pediatric Urology Group



## Pediatric Urology Patient History Form

Note: This is a confidential record and will be kept in your medical record. Information contained here will not be released to anyone without your authorization to do so.

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Last Physical Exam \_\_\_\_/\_\_\_\_/\_\_\_\_ Form Completed by \_\_\_\_\_  
(Patient/Guardian/Parent)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Medical Record Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Chief Complaint

What is the main reason for your child's visit today? (Describe your child's problem in detail)

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### History of Present Illness

Please answer the following questions:

#### Location of Problem

Abdomen Back Bladder  
Other \_\_\_\_\_

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#### How long does the problem last??

30 minutes 1 hour Always there  
Other \_\_\_\_\_

#### Is anything else occurring at the same time??

Yes No If yes, please explain.  
Vomiting/diarrhea Fever Blood in urine  
Other \_\_\_\_\_

On a scale of 1-10, with 10 being the most severe, circle the number that best describes the problem.

1 2 3 4 5 6 7 8 9 10

#### When did you first notice the problem??

2 days ago 2 weeks ago 1 month ago  
Other \_\_\_\_\_

#### Does anything help or make the problem worse??

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#### Is the problem constant or variable??

Always there Sometimes there, sometimes not  
Other \_\_\_\_\_

#### Does the problem interfere with your child's normal functions??

Yes No If yes, please explain \_\_\_\_\_

**Physician's use only (Comments/Notes):**

### Past Medical and Family History

List all serious illnesses in your immediate family (Example: Diabetes, kidney failure, dialysis, kidney transplant, etc.)

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List any of your child's past illnesses and/or surgeries and when they occurred.

Illness or Surgery	Date
_____	_____
_____	_____
_____	_____

Is your child on any medications? Y N (If yes, list all.)

Is your child on a special diet? Y N (If yes, please explain)

Does your child have any allergies? Y N (If yes, please explain)

### Social History

Who is the primary caregiver? \_\_\_\_\_  
Are there any smokers in the home? \_\_\_\_\_

Grade in school \_\_\_\_\_

## Review of Systems

Does your child now or has he/she had any recent problems related to the following systems?

Circle Y(ES) or N(O)

Please explain any YES answers in space provided

### General

Fever	Y	N
Chills	Y	N
Abnormal Growth	Y	N
Abnormal development	Y	N
Other _____		

### Skin

Rashes	Y	N
Continued itching	Y	N
Easy bruising	Y	N
Other _____		

### Eyes

Blurred vision	Y	N
Redness	Y	N
Pain	Y	N
Other _____		

### Muscle system

Joint pain	Y	N
Back pain	Y	N
Muscle cramping	Y	N
Other _____		

### Allergies

Hay fever	Y	N
Drug allergies	Y	N
Foods	Y	N
Other _____		

### Ear/Nose/Throat/Mouth

Ear infections	Y	N
Sore throat	Y	N
Sinus problems	Y	N
Other _____		

### Nervous system

Seizures	Y	N
Abnormal walking	Y	N
Abnormal coordination	Y	N
Other _____		

### Kidney/Bladder

Blood in urine	Y	N
Burning with urination	Y	N
Frequent urination	Y	N
Other _____		

### Hormone system

Excessive thirst	Y	N
Tired/sluggish	Y	N
Abnormal hair growth	Y	N
Other _____		

### Lungs

Wheezing	Y	N
Frequent cough	Y	N
Shortness of breath	Y	N
Other _____		

### Stomach/Intestines

Stomach pain	Y	N
Nausea/vomiting	Y	N
Constipation	Y	N
Other _____		

### Blood/Lymph Glands

Swollen glands	Y	N
Blood clotting problems	Y	N
Other _____		

### Heart

Heart murmur	Y	N
High blood pressure	Y	N
Other _____		

# = L
0 - 1 = 1 - 2
2 - 9 = 3
>10 = 4 - 5

**Physician's Use Only: (Comments)**

Physician: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PEDIATRIC UROLOGY PATIENT INFORMATION SHEET**

**Please Print**

Patient's Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (SUFFIX - JR, ETC)  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Patient's SS# \_\_\_\_\_  
Race: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
County: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Pediatrician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Referring Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Father's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Part-Time/Full-Time Job Title: \_\_\_\_\_  
Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Mother's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Part-Time/Full-Time Job Title: \_\_\_\_\_  
Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact: (Someone outside your home)**

Name: \_\_\_\_\_ Relation to patient: \_\_\_\_\_  
Phone(s) Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**This is extremely important should we need to contact you and are unable to reach you**

**For insurance purposes please provide insurance cards for receptionist to copy. If your insurance requires a referral from your primary care physician, please give to receptionist at appointment.**

**Individual Responsible for Bill**  
**Complete only if different from parent**

Guarantor's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ (years/months)  
**Circle One:** Part-Time Full-Time Retired Not Employed Active Military



MONROE CARELL, JR.  
children's Hospital  
at Vanderbilt

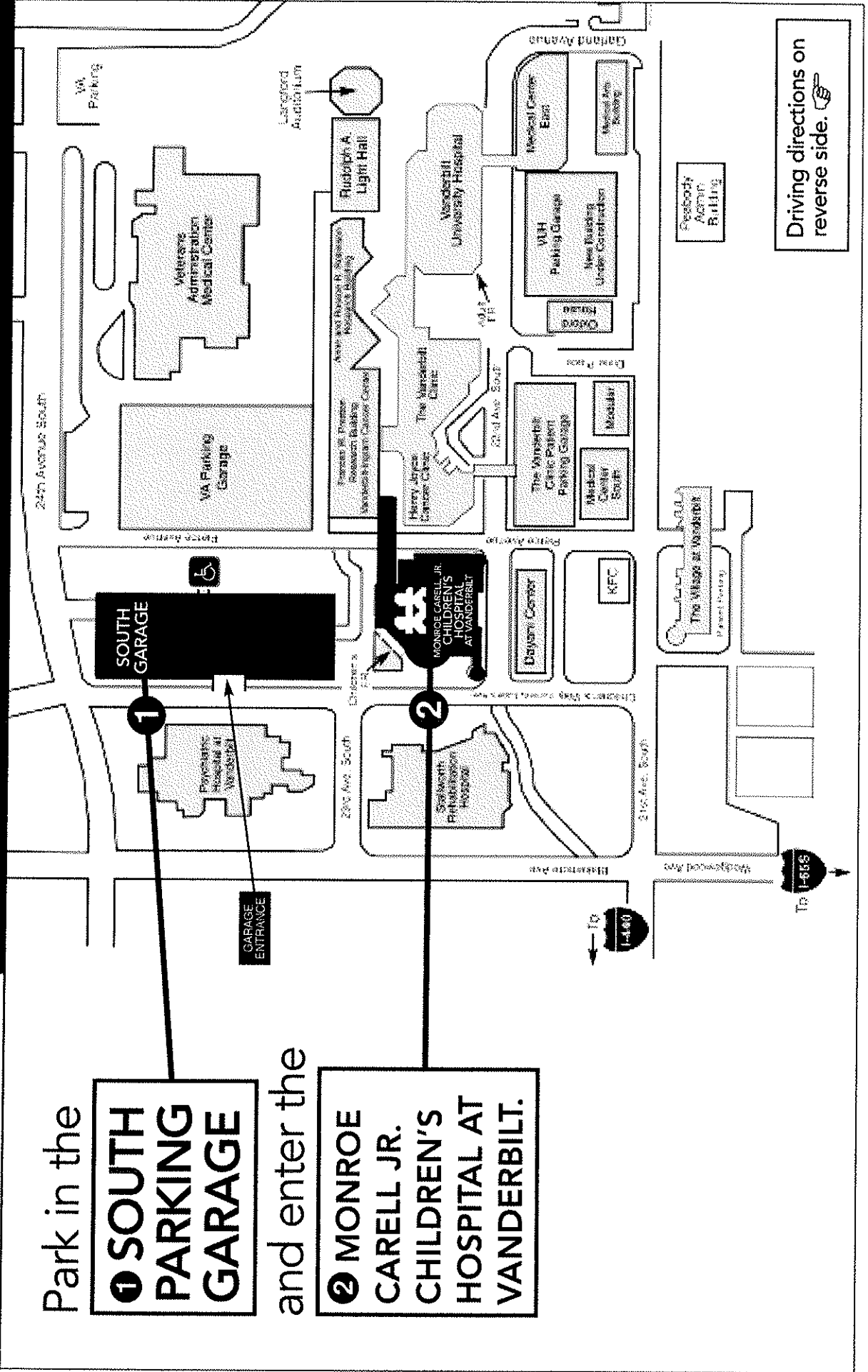
# Vanderbilt Campus Map

Park in the

**1 SOUTH  
PARKING  
GARAGE**

and enter the

**2 MONROE  
CARELL JR.  
CHILDREN'S  
HOSPITAL AT  
VANDERBILT.**



Driving directions on reverse side.

## **DRIVING DIRECTIONS TO THE MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT.**

**The directions shown below are for patients and visitors to the Monroe Carell Jr. Children's Hospital at Vanderbilt and the Doctors' Office Tower:**

### **FROM THE NORTH**

Take I-65 South. Take the Wedgewood Avenue exit, exit number 81. Turn right onto Wedgewood Avenue. Cross the 21st Avenue intersection. Wedgewood Avenue becomes Blakemore Avenue. Turn right onto 23rd Avenue. You will be facing Vanderbilt Children's Hospital and the South parking garage. Turn left at the stop sign onto Children's Way. The entrance to South parking garage is on the right. The main entrance to the hospital is on the second floor of the parking garage.

### **FROM THE SOUTH**

Take I-65 North. Take the Wedgewood Avenue exit, exit number 81. Turn left onto Wedgewood Avenue. Cross the 21st Avenue intersection. Wedgewood Avenue becomes Blakemore Avenue. Turn right onto 23rd Avenue. You will be facing Vanderbilt Children's Hospital and the South parking garage. Turn left at the stop sign onto Children's Way. The entrance to South parking garage is on the right. The main entrance to the hospital is on the second floor of the parking garage.

### **FROM THE EAST**

Take I-24 to I-40 West. Take I-65 South to the Wedgewood Avenue exit, exit number 81. Turn right onto Wedgewood Avenue. Cross the 21st Avenue intersection. Wedgewood Avenue becomes Blakemore Avenue. Turn right onto 23rd Avenue. You will be facing Vanderbilt Children's Hospital and the South parking garage. Turn left at the stop sign onto Children's Way. The entrance to South parking garage is on the right. The main entrance to the hospital is on the second floor of the parking garage.

### **FROM THE WEST**

Take 40 East. Take the 440 East Exit, exit number 206. Take the 21st Avenue/Hillsboro Pike, US 431 Exit, exit number 3. Take the 21st Avenue, US 431N Ramp. Continue on 21st Avenue for approximately 1 mile. Turn left onto Blakemore Avenue. Turn right onto 23rd Avenue. You will be facing Vanderbilt Children's Hospital and the South parking garage. Turn left at the stop sign onto Children's Way. The entrance to South parking garage is on the right. The main entrance to the hospital is on the second floor of the parking garage.

### **FROM THE NASHVILLE INTERNATIONAL AIRPORT**

Exit the airport to I-40 West. Take I-65 South to the Wedgewood Avenue exit,

exit number 81. Turn right onto Wedgewood Avenue. Cross the 21st Avenue intersection. Wedgewood Avenue becomes Blakemore Avenue. Turn right onto 23rd Avenue. You will be facing Vanderbilt Children's Hospital and the South parking garage. Turn left at the stop sign onto Children's Way. The entrance to South parking garage is on the right. The main entrance to the hospital is on the second floor of the parking garage.

## **SHUTTLE INFORMATION FROM OUTPATIENT CLINICS:**

Shuttles are available to transport patients and visitors from the Outpatient Clinics located in Medical Center East to the Vanderbilt Children's Hospital and Doctors' Office Tower. Shuttles will be running regularly from 8:30 am to 5:00 pm. To catch a shuttle, simply go to the patient drop-off overhang on the P-1 level outside of Medical Center East or to the front entrance of Vanderbilt Children's Hospital.

## **PARKING**

South Garage is the most convenient parking facility for Vanderbilt Children's Hospital patients and families. There is no charge for patient and visitor parking when parking tickets are validated at the second floor information desk. Complimentary valet parking is available at the first floor main entrance. For longer-term parking options, check with the Parking Facilities Office by calling 936-1215.

## **INFORMATION**

If you need additional information, please contact the appropriate department for further assistance.

**Vanderbilt Children's Information** 936-1000  
**Emergency Department** 343-2996  
**Radiology** 343-1842  
**Security** 322-2745  
**Family Resource Center** 936-2558  
or 1-800-288-0391



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