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)

________________________________________________________________________

History of Present Illness
Please answer the following questions:

Location of Problem
Abdomen  Back  Bladder
Other __________________________

________________________________________________________________________

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 __________________________

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.)

________________________________________________________________________

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 

## Eye
- Blurred vision Y N
- Redness Y N
- Pain Y N
- Other 

## Allergies
- Hay fever Y N
- Drug allergies Y N
- Foods Y N
- Other 

## Nervous system
- Seizures Y N
- Abnormal walking Y N
- Abnormal coordination Y N
- Other 

## Hormone system
- Excessive thirst Y N
- Tired/sluggish Y N
- Abnormal hair growth Y N
- Other 

## Stomach/Intestines
- Stomach pain Y N
- Nausea/vomiting Y N
- Constipation Y N
- Other 

## Muscles system
- Joint pain Y N
- Back pain Y N
- Muscle cramping Y N
- Other 

## Ear/Nose/Throat/Mouth
- Ear infections Y N
- Sore throat Y N
- Sinus problems Y N
- Other 

## Kidney/Bladder
- Blood in urine Y N
- Burning with urination Y N
- Frequent urination Y N
- Other 

## Lungs
- Wheezing Y N
- Frequent cough Y N
- Shortness of breath Y N
- Other 

## Blood/Lymph Glands
- Swollen glands Y N
- Blood clotting problems Y N
- Other 

# Rating Scale

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Healthy</td>
</tr>
<tr>
<td>1</td>
<td>Mild</td>
</tr>
<tr>
<td>2</td>
<td>Moderate</td>
</tr>
<tr>
<td>3</td>
<td>Severe</td>
</tr>
<tr>
<td>&gt;4</td>
<td>Critical</td>
</tr>
</tbody>
</table>

# Physician’s Use Only: (Comments)

---

Physician: ____________________________  Date: ________ / ________ / ________
# Pediatric Urology Patient Information Sheet

Please Print

<table>
<thead>
<tr>
<th>Patient’s Name:</th>
<th>(LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
<th>(SUFFIX – JR, ETC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td></td>
<td></td>
<td></td>
<td>Patient’s SS#</td>
</tr>
<tr>
<td>Race:</td>
<td></td>
<td></td>
<td></td>
<td>Home Address:</td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td></td>
<td></td>
<td>State:</td>
</tr>
<tr>
<td>County:</td>
<td></td>
<td></td>
<td></td>
<td>Zip:</td>
</tr>
<tr>
<td>Pediatrician:</td>
<td></td>
<td></td>
<td></td>
<td>Home #:</td>
</tr>
<tr>
<td>Referring Doctor:</td>
<td></td>
<td></td>
<td></td>
<td>Cell #:</td>
</tr>
<tr>
<td>Social Security #:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Father’s Name:</th>
<th>Social Security #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Home #:</td>
</tr>
<tr>
<td>Work #:</td>
<td>Cell #:</td>
</tr>
<tr>
<td>Employer:</td>
<td>Part-Time/Full-Time</td>
</tr>
<tr>
<td>Job Title:</td>
<td></td>
</tr>
<tr>
<td>Work Address:</td>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
<td>Zip:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother’s Name:</th>
<th>Social Security #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Home #:</td>
</tr>
<tr>
<td>Work #:</td>
<td>Cell #:</td>
</tr>
<tr>
<td>Employer:</td>
<td>Part-Time/Full-Time</td>
</tr>
<tr>
<td>Job Title:</td>
<td></td>
</tr>
<tr>
<td>Work Address:</td>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
<td>Zip:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relation to patient:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone(s)</td>
<td>Work #:</td>
</tr>
<tr>
<td>Home #:</td>
<td>Cell #:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Guarantor’s Name:</th>
<th>Social Security #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Patient:</td>
<td>Home Phone #:</td>
</tr>
<tr>
<td>Address:</td>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Employer:</td>
<td>Job Title:</td>
</tr>
<tr>
<td>Address:</td>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Work Phone #:</td>
<td>Length of Employment: (years/months)</td>
</tr>
<tr>
<td><strong>Circle One:</strong></td>
<td>Part-Time</td>
</tr>
</tbody>
</table>
Park in the
1 **SOUTH PARKING GARAGE**
and enter the
2 **MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT.**
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 a.m. to 5:00 p.m. 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

MONROE CARELL JR. CHILDREN'S HOSPITAL
at Vanderbilt

2200 Children's Way
Nashville, TN 37232
615.936.1000