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Golden Gate Pediatrics

To ensure our doctors have the most up to date information, please complete the following form:

Patient's Name: _____ DOB: _____

1.) Before submitting the form to our office, please make sure your portion of the form is complete.

2.) Are there any medications that are going to be taken at camp/school?

(If yes, please list medications taken, dosage and how often the medication is taken.)

No

Yes

3.) Does your child have any allergies?

No

Yes

insects

food

medication

other

4.) Does your child require use of an Epi Pen?

Yes

No

5.) Is there anything else the camp/school should or should not know? (eg. asthma, diabetes, seizures)

