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Golden Gate Pediatrics

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

Also, before submitting your form to our office, please make sure all portions of the form that are not to be completed by your doctor are complete.

Patient's Name: _____ DOB: _____

Primary Care Physician: _____

Method to return form: (select one) 1) upload to portal 2) call for pick-up 3) fax or 4) mail

Phone #, Fax # or Address: (if applicable) _____

Pick one: 1.) Standard Processing \$20 (5-7 business days) 2.) Rush Processing \$40 (1 business day)

1) Are there any medications that are going to be taken at camp/school? Yes ☐ No ☐

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

2.) Does your child have any allergies? Yes ☐ No ☐

If yes, please specify:

- ☐ insects _____
☐ food _____
☐ medication _____
☐ other _____

3.) Does your child require use of an Epi-Pen? Yes ☐ No ☐

4.) Has your child had any significant surgeries, fractures or concussions in the last 6 months.

If yes, what and when? Yes ☐ No ☐

5.) Is there anything else the camp/school should or should not know?

ex. asthma, diabetes, seizures

Tuberculosis Screening Questionnaire

6.) Was your child born in a high-risk country (Africa, Asia and Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East)? Yes ☐ No ☐

7.) Has your child traveled (had contact with resident populations) to a high-risk country for more than one week? Yes ☐ No ☐

8.) Do you have a family member or contact with tuberculosis disease? Yes ☐ No ☐

9.) Has a family member or contact had a positive tuberculin (TB) skin test? Yes ☐ No ☐

Cardiac Screening Questionnaire

10.) Do you know of any family members who have had a sudden cardiac death or any other significant heart disease when they were younger than 50 years old? Yes ☐ No ☐

11.) Do you know of any family members who have had any significant issue affecting the heart or rhythm such as Arrhythmia, Hypertrophic or Dilated Cardiomyopathy, Long-QT Syndrome or Marfan syndrome? Yes ☐ No ☐