



Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Lowry Pediatrics is an interdisciplinary pediatric practice, that is:

- Accessible: Families can easily reach us anytime during our normal business hours or through our after-hours support line. Families know how to contact us and which insurance plans are accepted.
- Family Centered: Families are recognized as the principal caregivers and centers of strength, knowledge, and support for their children.
- Continuous: A team of healthcare professionals are available from infancy through adolescence and help transition young adults into the healthcare system.
- Comprehensive: Your child's medical, educational, developmental, and psychological needs are identified and addressed including care coordination and behavioral health services.
  - Lowry Pediatrics has a care coordinator who can provide support related to medical coordination of care, resource needs, and general social support needs.
  - Lowry Pediatrics is partnering with Mental Health Center of Denver (MHCD) to provide comprehensive behavioral health services. These services are voluntary and may include: screenings for behavioral concerns, consultation with a behavioral health specialist, brief interventions for your child or family and parenting education and support.
  - Lactation consultation is now offered to families seeking support with breast feeding related concerns.
- Coordinated: A plan of care is developed with the healthcare provider, child and family and is shared with other involved providers, agencies, and organizations that work with the child and family.
- Compassionate: We make efforts to understand and empathize with the feelings and perspectives of both the child and family. We strive to assist families in being comfortable, satisfied participants in their healthcare.
- Culturally responsive: The child and family's cultural background including beliefs, rituals, and customs are recognized and incorporated into care planning.

I have read the above information and give Lowry Pediatrics consent to treat.

Signature: \_\_\_\_\_

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

Relationship to patient: \_\_\_\_\_

Phone: \_\_\_\_\_