Flanders Pediatrics, LLC

Maria A.Lopez, MD, FAAP
Amy Blodgett, MD, FAAP
Zachary Kahn, DO, FAAP
Elizabeth Henry, APRN
Katie Grigg, APRN
Stephanie Adams, APRN

Family Information Sheet

Patient Name: _____ DOB: _____
Address: _____City: _____State:_____Zip: _____
Patient cell phone (if over the age of 15): _____
Child's school: _____Primary language: _____
Pharmacy (please include location): _____
Parent Email: _____
Ethnicity: White___Black___Asian____Hispanic____Middle Eastern____Other_____

Parent/Guardian Name: _____DOB: _____
Address: _____City: _____State: _____Zip: _____
Employer: _____Dept/title: _____
Work phone: _____Ext: _____Cell phone: _____

Parent/Guardian Name: _____DOB: _____
Address: _____City: _____State: _____Zip: _____
Employer: _____Dept/title: _____
Work phone: _____Ext: _____Cell phone: _____

Sibling's names: _____
Parent's marital status: single married civil union divorced widowed

Insurance Information

Primary insurance: _____ID: _____
Subscriber's name: _____Relationship to patient: _____
Subscriber's employer: _____Subscriber's DOB: _____
Secondary insurance: _____ID: _____
Subscriber's name: _____Relationship to patient: _____
Subscriber's employer: _____Subscriber's DOB: _____

Emergency Contact: {Someone other than a parent}
Contact in case of emergency: _____
Phone number: _____Relationship to patient: _____

Release

I, _____authorize Flanders Pediatrics, LLC to treat my minor child. I authorize the release of any medical information necessary to process medical claims with my insurance carrier. I hereby authorize Flanders Pediatrics, LLC to apply for benefits on my behalf for covered services. I request payments from my insurance company be made directly to Flanders Pediatrics, LLC through Athena Healthcare, our billing company. I am responsible for all balances that are not covered by my insurance and agree to pay for all co-payments, deductibles & non covered services.

Signature (Parent/Guardian): _____ **Date**: _____

305 Flanders Road PO Box 278
East Lyme, CT 06333
Phone: (860) 739-0348 Fax: (860) 739-6779
www.flanderspediatrics.com

Rev. 02/2025