LAKE COUNTRY PEDIATRICS PATIENT HISTORY FORM

	Compli	ry of	<u>Pregr</u>	nancy	and D	elive	ry of	<u>Pati</u>	<u>ent</u>								
	Complications:NOYes explain): Birth Weight: Apgar score(s):																
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Family Member/Home Information																	
	Mother:																
	Siblings: Number of Pets: Type(s): Smoking:NoYes: In Home / Outside (please circle all that apply) Fireplace:NoYes: Natural / Gas (please circle all that apply)																
	Smoke Detector(s):NoYes Carbon Monoxide Detector(s):NoYes																
	Carbon	Mono	xide D	etector	(s):	No	_	Ye	es								
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Pat Uncle																	

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Your privacy and the privacy of your protected health information are important to us. To provide you with health care, we must share your protected health information.

Our Notice of Privacy Practices (NPP) gives you information about how we may use and disclose your protected health information. You have the right to review our NPP before signing this Acknowledgement.

Our privacy practices may change over time. If we change our NPP, we will provide you with a new copy the next time you receive care.

I have read the above. I have received a copy of ProH Privacy Practices".	ealth Solutions' "Notice of
Signature of Patient or Personal Representative	Date
Print Name of Patient or Personal Representative	
If Personal Representative, describe relationship	•

ORIGINAL - Medical Records



PATIENT LABEL

ADVNPP

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HIPPA Notice of Privacy Practice scan