

**Sage Pediatrics - Amy Maidenberg, MD**

4329 Piedmont Avenue

Oakland, CA 94611

**Patient Information:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Parents' Names:

Parents' Occupations:

How did you hear of Sage Pediatrics?

All Phone Numbers:

Emergency Contact:(if above unavailable)

Mailing Address:

Email Addresses:

Insurance Carrier:

Group Number:

ID Number:

Phone Number:

Subscriber Name and Date of Birth:

Preferred Pharmacy:

Interest/Experience with any alternative medicine:

I understand that I am responsible for the balance of the bill after insurance reimbursement, and that full payment is expected on the day of visit if I do not plan to use insurance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Preferred form(s) of communication:**

Phone

Email\*

\*I give permission for Sage Pediatrics to contact me via email and I understand that email communication security cannot be guaranteed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date