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ANDORRA PEDIATRICS
8945 RIDGE AVENUE SUITES 3-4-5-9-10 PHILADELPHIA, PA 19128 215-483-8558

New Patient Practice Introduction

Thank you for choosing Andorra Pediatrics as your medical home for your family. It is our sincere hope that you are treated in a courteous and professional manner at all times by our staff and that we provide the care you expect to your complete satisfaction.

We have 2 full-time Board certified Pediatricians: Dr. Bob and Dr. Dan. The physicians are on staff at Abington Memorial Hospital for newborn care and are affiliated with St. Christopher's Hospital for Children and Children's Hospital of Philadelphia.

Families can choose which pediatrician they would like to be their child's primary care doctor. We encourage using one doctor for well checkups for better continuity of care. Further information about appointment scheduling can be found on our web site.

Please visit our web site at: www.andorrapediatrics.com You will find important information about our office including the following:

1. Appointments & Office Hours, Insurance & Billing, Specialist Referrals, Hospital Affiliations, Telephone Calls, Directions to Office, Emergency Room Utilization
2. A "3D Tour" that will allow you to see the layout of our office.
3. An area where you can view education handouts (printable) that cover many topics in pediatrics.
4. Rash Photo Library
5. An area called "Links" that will direct you to many helpful pediatric information sites.
6. A category called "Multimedia" where your child can take an online quiz.
7. Pictures of "our family" with their job descriptions.
8. Comment Board for your comments about our practice

We will need certain information about all family members so we can enter your family into our computer system. We will provide you with a form for you to fill out that covers the information we will need.

We participate with most insurance companies. **Please remember to check your child's insurance card to be sure "Andorra Pediatrics" is listed as the primary care physician (see picture below).**

If we have not already received your child's previous medical records, we will provide you with a "Record Request Form" for you to fill out to send to your child's previous medical doctor. The information we request includes growth charts, immunization records, problem list, medicine allergies, hospitalizations and/or surgical histories.

Certain insurance companies require patients to use specific outpatient services. These include lab work, X-rays, Mental Health, Physical therapy and

Podiatry services. We have chosen:

1. **X-rays:** Chestnut Hill Hospital
2. **Lab work:** LabCorp (Keystone East), Quest (Aetna, Keystone Mercy, Health Partners).
3. **Podiatry:** over 17 y/o, patient should use Dr. Rapoport
4. **Physical Therapy:** Chestnut Hill Physical Therapy depending on the age of the child and the problem.

Please check with our office before having any services done. We can help you verify that the specialist your child is to see or the service being done is covered by your insurance and you will not be billed separately.

Please do not hesitate to contact our office at 215-483-8558 if you have any questions about your insurance or would like to set up a time to visit our office. Please ask for Kim Fleming, our assistant office manager or Jann McMaster, our office manager.

Thank you and we look forward to caring for “you and your family”.

Andorra Pediatrics Information Form

Mothers Name: _____ SS# _____ BD

Fathers Name: _____ SS# _____ BD

Home Address:

City: _____ State: _____ Zip: _____ **E-Mail:**

Home Phone _____ Cell-Mom _____ Cell-Dad:

Moms Work # _____ Dads Work # _____ Emergency #

Secondary Address:

_ City: _____ State: _____ Zip: _____

Child's Name	Sex	Social Security #	Child's Insurance ID #

SOCIAL SECURITY #'s ARE REQUIRED BY SOME INSURANCE COMPANIES TO PROCESS CLAIMS

Primary Insurance _____ ID # _____

Subscriber: ___ Mother ___ Father ___ Other _____

Secondary Insurance _____ ID

_____ Subscriber: ___ Mother ___ Father ___ Other

Pharmacy Name: _____ Address:

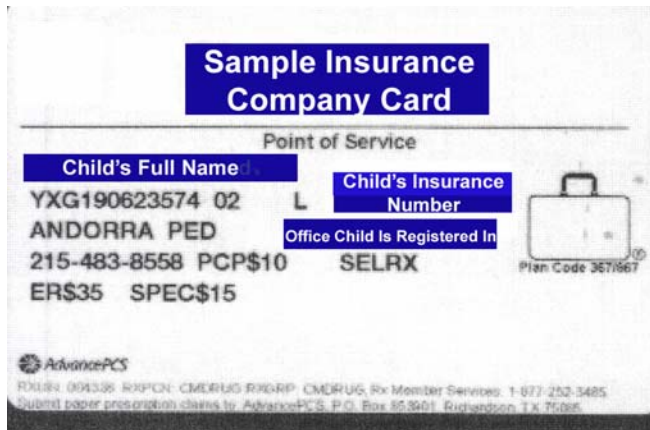
_____ Phone #:

_____ Fax #: _____

PLEASE PRESENT INSURANCE ID CARD(S) SO WE CAN SCAN THEM INTO OUR COMPUTER

If necessary, please take this form home to complete and fax back to our office at

215-487-1270



Be sure your child's ID card shows he/she is registered to Andorra Pediatrics and your child's name is spelled correctly.

BIRTH HISTORY

Birth Weight: ____ lb. ____ oz. Discharge Weight: ____ lb. ____ oz. Time of Birth ____ AM PM
 Apgar Score ____ / ____ Full Term / Premature ____ Weeks Hospital: _____
 Delivery: Vaginal / Cesarean Section (why): _____ Jaundice: N / Y
 Maternal illness: During / After Pregnancy _____ Bilirubin: _____
 Any Problems With Baby: ___ No ___ Yes: _____ Hearing Test: Passed / Not Passed
 Blood Type: MOM A - B - AB - O Rh = / - BABY _____ Combs + / -

FAMILY HISTORY

	Mother	Father	MGM	MGF	PGM	PGF	Sibling
Asthma							
Cancer							
Diabetes							
Drug Allergy							
Heart Disease							
High Blood Pressure							
High Cholesterol							
Migranes							
Seizures							
Drug Addiction							
Alcoholic Addiction							
Tobacco Use							
Other							

PAST MEDICAL HISTORY

Allergies: ____ NKDA: _____ Birthmarks: _____
 Drug / Alcohol / Tobacco Use: _____ Chickenpox No / Yes (date) _____ Varicella Titer _____
 TB Risk: No / Yes: _____ Cholesterol Risk: No / Yes: _____
 Operations / Hospitalizations: _____