

Simon Williamson Clinic Pediatrics, PC

832 Princeton Ave, SW, Ste 100, Birmingham, Alabama 35211

P: (205) 206-8480 F: (205) 206-8448

New Patient Request Form

(ALL the items below and release of records must be completed, or we cannot proceed with the request, if you have questions, please contact our office)

Preferred Physician by Parent: (Please select your preferred physician or first available. Previous records must be received/reviewed prior to scheduling.)

Dr. Kenneth Elmer _____

Dr. Elizabeth Sahlie _____

Dr. Natalie Tibbetts _____

Dr. Nancy Zumstein _____

Dr. Suzanne Wallace _____

First Available _____

Patient(s) Legal Name:

Birthdate:

Parent/Guardian Name:

Birthdate:

Mailing Address: _____

Home number: _____

Cell number: _____

Work number: _____

Email: _____

Insurance Provider: _____

Policy Holder: _____ Birthdate: _____

Policy Number: _____

Please list any chronic medical conditions for the above patient:

Allergies: _____

Current Medications: _____

Briefly describe why you are changing doctors:

For any of the above questions, feel free to use the reverse side of this form if you need more room to write.



Request for medical records

Patient(s) Legal Name:

Birthdate:

Parent/Guardian Name: _____

Address: _____

Phone number: _____

This will Authorize:

Provider Name: _____

Provider Address: _____

Provider Phone: _____ Fax: _____

Disclose my protected health information to:

Simon Williamson Clinic Pediatrics, PC
832 Princeton Ave, SW, Ste 100, Birmingham, Alabama 35211
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Attention: _____

Please send a complete copy of my medical record with immunization dates.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date signed: _____

This authorization expires 12 months from the date it is signed.