

Newborn



Welcome!

We look forward to meeting your baby! Between the time you are discharged from the hospital and your first visit in our office, we are here to help you. Our phones are answered 24 hours a day and we are always glad to help with any questions or concerns that may come up.

During Your Hospital Stay

Once your baby is born, please call us right away to schedule an appointment. We would like to see your baby 2-3 days after hospital discharge.

Woodbury Phone: 651.738.0470

St. Paul Phone: 651.645.4693

Be sure to ask the hospital staff to fax your baby's records to Central Pediatrics.

Woodbury Fax: 651.738.5907

St. Paul Fax: 651.645.6503

Circumcision

We do circumcisions at the clinic in the first two weeks of life. Please call us to schedule your appointment.

Breastfeeding Help

We have lactation consultants on staff ready to help you. Feel free to contact us with any questions you may have.

Patient Portal Account

Go to our website to initiate a patient portal account. This will give you access to lab results, immunizations records and much more.

What will happen during an office visit?

At each visit, your child will be measured. Height, weight and head circumference for babies will be recorded on a growth chart. Age appropriate screenings such as health and safety, autism, mental health, cholesterol, and anemia may be offered.

The pediatrician will examine your child, discuss important health issues such as sleep, nutrition, elimination, and behaviors as well as talk about developmental milestones. Immunizations are an important way to keep your child healthy. We'll explain which ones are needed at each visit. This is a great time for us to get to know your family. We are happy to guide you through any questions you may have.

What do I need to know about calling the clinic?

Our phones are answered 24 hours a day. During clinic hours, our phones are answered by our clinical assistants. During the hours we are not open, your call will go to the Children's Triage Service which is staffed by RNs.

Be sure to have a pen and paper ready to write down any instructions and questions. It's easy to forget things, especially when you are worried about your child. If you think your child has a fever, take your child's temperature before you call.

Kid Expertise.

We have a doc for that.

Monday to Friday 7:30 a.m. - 9:00 p.m.

Saturday & Sunday 9:00 a.m. - 5:00 p.m.

Walk-in anytime.



Authorization for Release of Medical Records

I Hereby Authorize Central Pediatrics and Priority Pediatrics to **REQUEST** information **FROM**:

Clinic Name _____ Clinic Address _____ Clinic Phone # _____ Fax# _____

I Hereby Authorize Central Pediatrics and Priority Pediatrics to **RELEASE** information **TO**:

Clinic Name _____ Clinic Address _____ Clinic Phone # _____ Fax# _____

Regarding the following patient(s):

Patient Name _____ DOB _____

Patient Name _____ DOB _____

Patient Name _____ DOB _____

Patient Name _____ DOB _____

Records to be released:

- Entire Record History and Physical Laboratory Report X-Ray Report Progress Notes
 Other _____

I authorize the release of information relating to:

- Alcohol/Drug Abuse Evaluation/Treatment HIV/AIDS testing/Treatment
 Psychiatric Evaluation/Treatment

Purpose of Release:

- Continuing care for on going treatment Transfer of Care Insurance Personal (copy and retrieval fees may apply)

Statement of Authorization:

- This authorization expires (1) year after the date of my signature below
- I understand that Central Pediatrics and Priority Pediatrics will not condition my treatment, payment, enrollment, or eligibility or benefits on my signing this authorization.
- Except to the extent that action has already been taken, I understand that I may revoke this authorization at any time by giving by giving written notification to Medical Records. A photocopy/fax of this authorization will be treated in the same manner as the original.
- I do not authorize further release to any third party. I understand that once information is sent as specified in this authorization, Central Pediatrics and Priority Pediatrics, and their employees and physicians cannot prevent the re-disclosure of that information. I hereby release each of them from any and all liability arising directly or indirectly from disclosure authorized by this consent and any re-disclosure of that information.

Signature of legally authorized representative/patient

Date

Print Name

Phone #

Relationship to Patient

9680 Tamarack Rd, Ste 100, **Woodbury**, MN 55125 / 651.738.0470 FAX: 651.738.5907

1536 Larpenteur Avenue West **St. Paul**, MN 55113 / 651.645.4693 FAX: 651.645.6503

