



Child's Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

Parent/Legal Representative Name: _____

Child's primary care doctor: _____

Please answer and explain any yes answers:

Were there any complications during the pregnancy? Yes No

Were there any complications during or after delivery? Yes No

Is there any family history of bleeding disorders (hemophilia)? Yes No

Does the child have any known allergies? Yes No

Is the child in good health today? Yes No

Parent/Legal Representative Signature

Date

Cultivating Healthy Lives!

Clarisa I. Smith, MD

3001 Main St. Suite 1C | Prescott Valley, AZ 86314

o. 928.458.5470 | f. 928.458.5979

YavapaiPediatrics.com



Office Policy: Circumcisions for patients not assigned to Yavapai Pediatrics

Our office is willing to perform circumcisions on newborn patients that are currently receiving primary care from another physician.

Our office will require payment in full at time of services, regardless of insurance coverage or benefits.

This payment amount can be paid by cash or debit/credit card. No checks accepted.

The visit will only cover the routine circumcision and the risks and post procedure care of circumcision.

If the child is covered by non-AHCCCS plan (private insurance) you are to bill your own private insurance for services rendered. Our office will *not* bill insurance for patients who are not active patients at Yavapai Pediatrics.

By signing below I am in agreement with this office policy.

Patient's name

Date of birth

Parent or legal representative Signature

Date

Cultivating Healthy Lives!

Clarisa I. Smith, MD

3001 Main St. Suite 1C | Prescott Valley, AZ 86314

o. 928.458.5470 | f. 928.458.5979

YavapaiPediatrics.com