

## PSHCMG-AAC Foster Care Registration Form

Account #:

Date Completed:

Patient Name:		Birthdate:	
SSN:	M/F:	Current School:	
<b>Guardian/Foster Parent Information:</b>			
Name:		Birthdate:	
Address:			
Home Phone:	Cell Phone:	Work Phone:	
Email:			
<b>Biological Parent Name:</b>			Phone:
Bio Parent may attend appointments: Yes / No		Bio Parent may have medical information: Yes / No	
<b>Foster Care Agency:</b>			
Address: (if different from BCCYS)			
Caseworker Name:			
Phone #:		Email:	
<b>Other Agencies/caseworkers involved:</b>			
Agency:	Caseworker:	Phone:	
Agency:	Caseworker:	Phone:	
Agency:	Caseworker:	Phone:	
<b>Insurance Information</b>			
<b>Primary Insurance Company:</b>			
Policy Holder Name:		Birthdate:	
Policy #:	Group #:		
Insurance Phone #:			
<b>Secondary Insurance Company:</b>			
Policy Holder Name:		Birthdate:	
Policy #:	Group #:		
Insurance Phone #:			
<b>Access (PA Medicaid #):</b>			
<b>We will need to see a copy of your children's insurance card at every visit.</b>			
<b>History</b>			
Prior School:		County:	
Prior Primary Doctor:		Phone #:	
List any Specialists Involved:		Phone #:	
Allergies:			
Medications:	Prescribing Doctor/Phone#:	Pharmacy/Phone #:	
Durable Medical Equipment Needs (i.e. nebulizer, wheelchair, g-tube, etc.		Supplier Name/Phone#:	
<b>Current Concerns/Social History</b>			
Urgent Concerns:			
Name, Age, and Custody Arrangements of Siblings:			
Reason for Foster Placement:			
<b>Please provide us with specific information and legal documentation as to who can schedule/cancel appointments, who we are allowed to speak with regarding this patient, whom may come to appointments with the child, and any other relevant custody information.</b>			
<b>Managed Care Coordinator Name and Phone #:</b>			

We must have an immunization record and a signed release to obtain information from previous medical providers before we can schedule an appointment for any patient.

Medical Records Attached

Immunization Records Attached, Medical Records Pending and will be forwarded upon receipt

(please use the back for additional information)