

Ronald McDonald Care Mobile

Patient Demographic Information, Patient Agreements and Authorizations

The doctor is out.

Helping children along their wellness journey.

Parkview Health, in partnership with Ronald McDonald House Charities, is proud to bring the Ronald McDonald Care Mobile to northeast Indiana!

The Ronald McDonald Care Mobile is a doctor's office on wheels, delivering Parkview Physicians Group – Pediatrics providers to your neighborhood. Now, children 0–18 years have more convenient access to health services, such as wellness visits and shots. This state-of-the-art care mobile features two (2) patient exam rooms, a laboratory and a patient education center.

Delivering the care little ones need to grow strong and healthy.

- Available services include:
- Wellness visits
 - Immunizations
 - Fluoride treatments
 - Screenings (hearing, vision, developmental)
 - Point of care testing (lead, strep, urine)
 - Childhood health and safety education

Ronald McDonald Care Mobile delivers no-charge services to families without medical insurance.

Demographics

Child's Full Name		Child's Date of Birth		Child's Age	Child's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Address		City	State	ZIP Code	
Child's School	Grade	Child's Race <i>(check all that apply)</i> <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			Child's Preferred Language
Parent/Legal Guardian's Full Name		Parent/Legal Guardian's Date of Birth		Best Daytime Contact Number	

Doctor / Insurance Information

Child's Regular/Primary Doctor	Doctor's Address	Doctor's Phone Number
		Doctor's Fax Number
Which type of insurance does your child have? <input type="checkbox"/> Medicaid/Public Insurance – Medicaid ID Number: _____ <input type="checkbox"/> Private Insurance (PPO/HMO) – Name of Insurance Co.: _____ Policy Number: _____		<input type="checkbox"/> Child does NOT have insurance <input type="checkbox"/> Child does NOT have a PCP

Immunization Information

My child may receive any immunizations REQUIRED by the school. I give permission for my child to be vaccinated. <input type="checkbox"/> Yes <input type="checkbox"/> No
Our team, along with the American Academy of Pediatrics, RECOMMENDS additional immunizations important for your child's health. Please check those which you want your child to receive: <input type="checkbox"/> HPV Vaccines (age 11 and older) <input type="checkbox"/> Flu Vaccine (seasonal) <input type="checkbox"/> Meningococcal B
MAY YOUR CHILD RECEIVE HEALTHY SNACK ITEMS (MAY CONTAIN NUTS, SOY, DAIRY, EGG and/or GLUTEN)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Authorization for Release of Personal Health Information

- I authorize/allow the use and disclosure of this personal health information (PHI) for the purposes of diagnosing or providing treatment to my child, obtaining payment for care, or for health care business management of Parkview Health ("Parkview").
- I authorize/allow Parkview to release PHI which may be required in completing applications for financial assistance or insurance coverage for services rendered.
- I authorize Parkview to provide my child's school and doctor with a copy of the health exam, including immunizations administered.

Disclaimer

This Ronald McDonald Care Mobile is made possible by a grant from the Ronald McDonald House Charities, Inc. ("RMHC"), a non-profit, tax-exempt charitable corporation. RMHC has no responsibility or liability for the operation of this Ronald McDonald Care Mobile or any of the medical or dental activities conducted herein.

Consent for Treatment

I consent to the treatment provided by Parkview physicians, nurses, or other designated health care providers. This treatment may include physical examination, health screenings and all recommended and required immunizations except where declined above.

I understand that physicians, nurses and other health care providers in training may, under the supervision of appropriate personnel, participate in my child's treatment and I consent to such health care provider in training involvement.

I hereby release, discharge and hold harmless Parkview Health System, Inc. and its parent companies, subsidiaries, affiliates, predecessors, successors and assigns, agents, shareholders, and employees (both past and present) of and from all liability, claims or demands arising out of or related to any loss, damage or injury, including death, to my child from any cause whatsoever, including negligence, that may arise from or otherwise be related to my child's participation and treatment provided in the Ronald McDonald Care Mobile program. This release is binding on my heirs, executors, administrators, assigns, agents, attorneys and representatives.

My signature below constitutes my acknowledgment and agreement that I have read and understand all the terms of this release, and I sign this as a free and voluntary act. I was given an opportunity to discuss this form and ask questions, and all questions were answered to my satisfaction.

Parent/Legal Guardian Signature: _____ Date: _____

Relationship to Patient: _____

Witness Signature: _____ Date: _____

Certificate of Interpretation

I certify that I have interpreted the foregoing to the signor hereof in the _____ language.

Interpreter Signature: _____ Date: _____ Time: _____

Parent/Legal Guardian Signature: _____ Date: _____

Relationship to Patient: _____

Witness Signature: _____ Date: _____