

**Kenneth J. Kim Pediatrics**

“Healthy Kids, Healthy Future”  
3930 Pender Drive Suite 330  
Fairfax, VA 22030  
703-246-0022

**Registration**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ M/F

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ M/F

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ M/F

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ M/F

**Parent/Legal Guardian**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Father  Mother  Stepfather  Stepmother  Guardian  Resides with child: yes / no

**Other Parent/Legal Guardian**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

(If different from above)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Father  Mother  Stepfather  Stepmother  Guardian  Resides with child: yes / no

Preferred Contact Number: (\_\_\_\_) \_\_\_\_\_

**Primary Insurance Holder:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship to Parent/Guardian: \_\_\_\_\_

**Race:**  American Indian or Alaska Native  Asian  Black or African American  
 Hispanic  Native Hawaiian or Other Pacific Islander  White  Other Race

**Ethnicity:**  Hispanic  Non-Hispanic **Language Spoken at Home:** \_\_\_\_\_

**How did you find our practice?**

**Internet Search:**  Google  Facebook  Yelp  Insurance Website

**Friend Referral:**  **OB-GYN Referral:**  **Other:**  \_\_\_\_\_

**Vaccine Policy**

We firmly believe that all children and young adults should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and the American Academy of Pediatrics. We also do not recommend delaying or adopting alternate vaccine schedules. If you have doubts or concerns about any of the vaccines, we will do our best to address your concerns. If you refuse to vaccinate your child according to the schedule despite our recommendations, we will kindly ask you to find another health care provider who would share your views. Initial: \_\_\_\_\_

**Children’s IQ Network**

Our practice participates with Children’s National Health System’s IQ Network (CIQN) to share electronic medical records with specialists and hospitals and ER’s in the network to provide quality and coordinated care. CIQN is HIPAA compliant, and the record is encrypted (encoded) and can be accessed only by the health care providers who are caring for your child and have need to know. I understand that I do have the right to opt out to participate in the Children’s National IQ Network by signing a consent form. Initial: \_\_\_\_\_

## Video and Audio Recording Policy

Our office policy prevents anyone from taking pictures, video recording or audio recording without their permission. This applies to anywhere in the office and any medical procedures including vaccinations are not permitted. Please respect the privacy of our staff and other patient families by respecting our video and audio recording policy. Initial: \_\_\_\_\_

## Consent for Treatment

I give consent to treatment and medical care of my children as listed above by Dr. Kenneth J. Kim, who will perform treatments that in his judgment are deemed medically necessary. I will be financially responsible for services rendered including office visit, labs, tests, forms, and other incurring charges. I also have read and understood the vaccine policy of the office.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Print Name of Person Signing

\_\_\_\_\_  
Date