



The Herman & Walter Samuelson
**CHILDREN'S
HOSPITAL AT SINAI**
A LIFEBRIDGE HEALTH CENTER

**CARE
BRAVELY**

DAVID N. TUCHMAN, MD, Chief
KALPANA MURTHY, MD
GIA BRADLEY, MD
SANA MANSOOR, MD
CHRISTINA L. SHUJA, CRNP

**Division of Pediatric
Gastroenterology and Nutrition**
Sinai Hospital of Baltimore

Reply to main office:
Morton Mower Medical Office Building
2411 West Belvedere Avenue, Suite 407
Baltimore, Maryland 21215-5271

Tel 410 601 8663
Fax 410 601 5389

Satellite Offices
Mt. Airy Health & Wellness Pavilion
504 E. Ridgeville Blvd.
Mt. Airy, MD 21771

5009 Honeygo Center Drive, Suite 225
Perry Hall, MD 21128

2700 Quarry Lake Drive, Suite 270
Baltimore, MD 21209

Dear Parents/Guardians,

We would like to take a moment to welcome your child as a new patient of Pediatric Gastroenterology and Nutrition at the Herman and Walter Samuelson Children's Hospital at Sinai. The Division of Pediatric Gastroenterology and Nutrition treats children, from infancy to young adulthood, for disorders of the digestive system. A comprehensive, multidisciplinary team, including a pediatric gastroenterologist, nurse practitioner, gastroenterology nurse and dietitian, works closely with patients and their families to treat these disorders. The division provides state-of-the-art treatments, including the latest biological therapies to treat Crohn's disease and other forms of inflammatory bowel disease. Your family will benefit from a very personal approach to care, similar to the experience of visiting a physician in a private practice.

Your child is typically treated by the same physician, who knows the medical history and family background information. This continuity of care contributes to more positive health care outcomes. We value the critical role that parents play in keeping their children healthy. As a key member of our health care team, you have access to all members of your child's team and participate in making all decisions about your child's care.

The enclosed welcome packet includes information we would like you to complete prior to your child's visit to expedite your registration process. The packet also includes a request for pertinent medical information pertaining to your child's visit. We ask that you or the referring physician's office fax this information to our office prior to your child's appointment for the provider to review and obtain additional information if necessary. If you have any questions, feel free to contact our office at 410-601-8663. We look forward to your visit.

Sincerely,

Pediatric Gastroenterology and Nutrition



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Date: _____

Dear Parent Guardian:

_____ has an appointment with _____ on _____ at _____ am/pm
 at the _____ location.

Sinai Hospital Morton Mower Medical Office Building (main office)
 2411 West Belvedere Avenue, Suite 407, Baltimore, Maryland 21215-5271

Lifebridge Health Pavilion @ Quarry Lake
 2700 Quarry Lake Drive, Suite 270, Baltimore, MD 21209

Mt. Airy Health & Wellness Pavilion (satellite office)
 504 East Ridgeville Boulevard, Mt. Airy, MD 21771

Franklin Square Medical Center (satellite office)
 5009 Honeygo Center Drive, Suite 225, Perry Hall, MD 21128

Please confirm that you received the e-mail, print the attached new patient packet and bring the **completed forms** with you to your child's appointment. Prior to your child's visit, please fax or mail medical records including: x-rays, lab tests, growth charts, office notes pertaining to the visit, and documentation of any ED visits or hospitalizations in the past 3 months. Our fax number is 410-601-5389.

Please ensure our office receives your child's medical records at least 48 hours prior to the scheduled appointment or your appointment will be subject for cancellation. We ask that you arrive at least 15 minutes prior to your appointment to complete the registration process. If you are unable to keep your child's appointment kindly give 24 hours' notice. We look forward to meeting you and your child.

What to Bring with You:

The completed registration packet	Insurance referral from your pediatrician (if applicable)
Insurance cards	A list of medications and questions you may have for the physician
Photo Identification	If your child is old enough, help him or her to add to the list too
Co-Payment	Books, games, snacks, formula, diapers, change of baby clothes or other necessities.

Delays:

Please call if you are running late. Patients arriving more than 15 minutes late may be asked to reschedule. If our office is responsible for a delay, your session will be completed in its entirety.

No-Shows

Patients may be charged for missed appointments without a 24-hour cancellation notice. This charge is the patient's responsibility and cannot be billed to the insurance company. Missed appointment fees should be paid before scheduling subsequent appointments.

Cancellations

If you are unable to keep an appointment, please contact the office at least 24 business hours prior to your scheduled appointment time. We request that patients who are unable to keep an appointment contact our office at least 24-business hours prior to the scheduled appointment time since there are usually other patients that could benefit from this appointment slot.

Pediatric Gastroenterology at Sinai Hospital (main office) is located at:

**2411 W. Belvedere Avenue
Morton Mower Medical Office Building
Suite 407
Baltimore, MD 21215
410-601-8663**

****WE ARE NOT LOCATED IN THE CHILDREN'S HOSPITAL AT SINAI****

Sinai Hospital is located in northwest Baltimore just 3 miles south of the Baltimore County lines. When approaching Baltimore:

From the North

Head south on I-83. At 695 (Baltimore Beltway) bare right. Keep right on 695 and re-enter I-83 south (Jones Falls Expressway). Proceed for about 3 miles, take the Northern Parkway exit, and bear right. Turn left at the second traffic signal (Belvedere Ave). Hospital will be on the left. The Morton Mower Medical Office Building is the red brick building across from the main parking lot.

From the West

Head east on I-70 to 695 (Baltimore Beltway). Go north on 695 (Towson); take Exit 18 (Lochearn). You will be on Liberty Road. Continue for 1 ½ miles; turn left on Northern Parkway and proceed about 2 miles. After passing Pimlico Race Course turn right on Belvedere Ave. The Morton Mower Medical Office Building is the red brick building across from the main parking lot.

From the South

Head north on I-95 (Kennedy Expressway) or 295 (Baltimore/Washington Parkway) to 695 (Baltimore Beltway). Go north on 695 (Towson) and take Exit 18 (Lochearn). You will be on Liberty Road. Continue for 1 ½ miles; turn left on Northern

Parkway and proceed about 2 miles. After passing Pimlico Race Course turn right on Belvedere Avenue. The Morton Mower Medical Office Building is the red brick building across from the main parking lot.

From the East

Head north on 695 (Baltimore Beltway/Towson) and take I-83 south (Jones Falls Expressway). Take the Northern Parkway exit and bear right. Turn left at the second traffic signal (Belvedere Avenue). The Morton Mower Medical Office Building is the red brick building across from the main parking lot.

Parking

Expect to pay for parking. You can park on our main visitor's parking lot or in the Belvedere Garage. To access the garage, continue on Belvedere Avenue past the main entrance and the Belvedere garage will be on your left.

Directions to Franklin Square Location

**5009 Honeygo Center Drive, #225
Perry Hall, Maryland 21128
410-601-8663**

From West:

Take I-695 east toward Towson/York PA. Merge onto MD-43/White Marsh Blvd via exit 31C on the left towards White Marsh. Turn left onto Honeygo Blvd. Turn right onto Honeygo Center Drive (*Honeygo Center is 0.1 miles past E Joppa Road.*)

From East

Take I-695 north Baltimore Beltway Outer loop. Merge onto I-95 via exit 33 towards New York. Merge onto MD-43 west White Marsh Blvd via exit 67B. Turn slight right onto Honeygo Blvd. Turn right onto Honeygo Center Drive. (*Honeygo Center is 0.1 miles past E Joppa Road.*)

Directions to Mt. Airy Location

**Mt. Airy Health & Wellness Pavilion
504 E. Ridgeville Blvd.
Mt. Airy, MD 21771**

From Frederick and points West: Take I-70 East to the Mt Airy exit (Exit 68). At the end of the exit ramp turn left on Ridge Rd.; at the traffic light make a right onto E. Ridgeville Rd. Follow E. Ridgeville Rd. around to the large parking lot where the Mt Airy Health and Wellness Pavilion is situated. Enter the building through the center main entrance and proceed to the lobby's central registration area.

From Westminster and points North: Follow MD-27 south (approximately 17 miles from Westminster) to E. Ridgeville Rd. Take left onto E. Ridgeville Rd. Follow E. Ridgeville Rd. around to the large parking lot where the Mt. Airy Health and Wellness Pavilion is situated. Enter the building through the center main entrance and proceed to the lobby's central registration area.

From points Southwest: Follow 270 North to I-70 East. Travel East on I-70 to the Mt. Airy exit (Exit 68). At the end of the exit ramp turn left on Ridge Rd. At the traffic light make a right onto E. Ridgeville Rd. Follow E. Ridgeville Rd. around to the large parking lot where the Mt. Airy Health and Wellness Pavilion is situated. Enter the building through the center main entrance and proceed to the lobby's central registration area.

From Baltimore and points East: Take Baltimore Beltway (I-695) I-70 West to the Mt Airy exit (Exit 68). At the end of the exit ramp turn right onto Ridge Rd. At the traffic light make a right onto E. Ridgeville Rd. Follow E. Ridgeville Rd. around to the large parking lot where the Mt. Airy Health and Wellness Pavilion is situated. Enter the building through center main entrance and proceed to the lobby's central registration area.

Pediatric Gastroenterology at Quarry Lake is located at:

Lifebridge Health Pavilion at Quarry Lake

2700 Quarry Lake Drive

Suite 270 (left off the elevator on the 2nd floor)

Baltimore, MD 21209

410-601-8663 opt# 2

From the North

Take 695 toward Towson; Take Exit 22 for Greenspring Avenue. Go south on Greenspring Avenue for approximately one mile. Turn right on Quarry Lake Drive. The Lifebridge Health Pavilion is on the right.

From the West

Head east on I-70 to 695 (Baltimore Beltway). Go north on 695 towards Towson; Take Exit 22 for Greenspring Avenue. Go south on Greenspring Avenue for approximately one mile. Turn right on Quarry Lake Drive. The Lifebridge Health Pavilion is on the right.

From the South

Head north on I-95 (Kennedy Expressway) or 295 (Baltimore/Washington Parkway) to 695 (Baltimore Beltway). Go north on 695 towards Towson Take Exit 22 for Greenspring Avenue. Go south on Greenspring Avenue for approximately one mile. Turn right on Quarry Lake Drive. The Lifebridge Health Pavilion is on the right.

From the East

Head north on 695 (Baltimore Beltway/Towson) Take Exit 22 for Greenspring Avenue. Go south on Greenspring Avenue for approximately one mile. Turn right on Quarry Lake Drive. The Lifebridge Health Pavilion is on the right.

Parking

Parking is located directly outside of the building and there is no fee.

DIVISION OF PEDIATRIC GASTROENTEROLOGY AND NUTRITION
The Herman and Walter Samuelson Children's Hospital at Sinai

Background Information

Welcome to our office. In order to facilitate your child's evaluation, we'd appreciate you providing us with the following information:

Date of appointment: _____

Provider:

David Tuchman, MD Kalpana Murthy, MD Gia Bradley, MD Sana Mansoor, MD Christina Shuja, CRNP

Child's full name: _____ **Date of Birth:** _____

Nickname? _____

Name of your child's primary care physician/pediatrician: _____

Physician's Address: _____

Phone # _____ Fax # _____

Who referred you to our office (if different from physician above)? _____

Name and phone number of your preferred pharmacy: _____

Why are you coming to see us today? _____

Has your child had any medical tests performed due to this condition (X-rays, blood, urine, stool tests, etc.)? Yes No

If yes, when/where? _____

Medical History:

Medical problems or health concerns:

1. _____
2. _____
3. _____
4. _____

Prior hospitalizations (Reason/Date/Location):

1. _____
2. _____

Prior surgeries or outpatient procedures (Surgery name/Date/Location):

1. _____
2. _____

Please list any known medication, food, or other allergies: _____

DIVISION OF PEDIATRIC GASTROENTEROLOGY AND NUTRITION

The Herman and Walter Samuelson Children's Hospital at Sinai

Current Medications:

Medication name	Dose	Frequency (How often it is given)

Birth History:

Any problems with pregnancy, labor, or delivery? _____

Child's birth weight: _____ Gestational age: _____ weeks

In the first week of life, was the baby jaundiced? Yes No

In the first week of life, were bowel movements normal? Yes No

Were bowel movements normal during first month of life? Yes No

Any medical problems during first month of life? _____

Social History:

Who lives at home with your child? _____

Any pets at home? _____

Has your child traveled outside the U.S. in past 6 months? _____

Home drinking water source: _____

Current grade in school: _____

How many school days were missed due to illness in the past year? _____

For what illness(es)? _____

Any unusual stresses at home or school? _____

Diet History:

Was your child breast-fed? _____ If so, for how long? _____

Was your child formula-fed? _____ If so, what infant formulas were used? _____

At what age were cereals or other solid foods started? _____

Foods your child is not allowed to eat at this time: _____

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The Herman and Walter Samuelson Children’s Hospital at Sinai

Family History:

Current age of patient’s: Mother _____ Father _____ Siblings _____

Please place a check mark in the appropriate box if any of the listed family members have a condition listed below:

Condition	Mother	Father	Brother	Sister	Maternal grandmother	Maternal grandfather	Paternal grandmother	Paternal grandfather
Autoimmune disease (ex. Lupus)								
Celiac disease								
Colon cancer								
Constipation								
Crohn's Disease								
Cystic fibrosis								
Food allergies								
Gallstones								
Gastroesophageal reflux								
Genetic diseases								
Hepatitis								
Hiatal hernia								
Intestinal Polyps								
Irritable bowel syndrome								
Liver problems								
Migraine headaches								
Pancreatitis								
Peptic ulcer disease								
Thyroid disease								
Ulcerative colitis								

Are there any other medical conditions that run in the family that are not mentioned above?

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The Herman and Walter Samuelson Children’s Hospital at Sinai

Review of Systems:

Please check the box below if your child has experienced any of the following in the past three months:

General	<input type="checkbox"/> Chills	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Irritability	<input type="checkbox"/> Weight loss or gain	<input type="checkbox"/> Fever
Skin	<input type="checkbox"/> Rashes	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Other:		
Eyes	<input type="checkbox"/> Vision problems:	<input type="checkbox"/> Other:			
Ear, nose, throat	<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Nasal discharge	<input type="checkbox"/> Strep throat	<input type="checkbox"/> Mouth sores	<input type="checkbox"/> Oral thrush
	<input type="checkbox"/> Other				
Chest	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Coughing	<input type="checkbox"/> Other	
Hematology	<input type="checkbox"/> Bleeding problems	<input type="checkbox"/> Bruises easily	<input type="checkbox"/> Other		
Genitourinary	<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Painful urination	<input type="checkbox"/> Dark colored urine	<input type="checkbox"/> Other	
Musculoskeletal	<input type="checkbox"/> Joint pain	<input type="checkbox"/> Joint stiffness	<input type="checkbox"/> Joint swelling	<input type="checkbox"/> Fractures	<input type="checkbox"/> Other
Neurological	<input type="checkbox"/> Headache	<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Seizures	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Other

Has your child been diagnosed with any of the following? Please check all that apply.

<input type="checkbox"/> Asthma	<input type="checkbox"/> ADHD/ ADD
<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Anemia	<input type="checkbox"/> Depression
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other: _____

**DIVISION OF PEDIATRIC GASTROENTEROLOGY
AND NUTRITION**
The Children's Hospital at Sinai
Patient Registration Form

Pediatrician/Primary Care Physician _____
Phone No. _____
Fax No. _____
Office Address _____

Is the Pediatrician/Primary Care the same as the Referring Physician Yes No
 If No, Please Provide the Name and Contact Information for the Referring Physician:

Referring Physician _____
Phone No. _____
Fax No. _____
Office Address _____

PATIENT NAME (first, middle, last) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Patient resides with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Specify) _____	Date of Birth: _____
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Name of MOTHER or female guardian: _____ <small>(Last, first, middle, maiden)</small> Date of Birth _____ S.S.No. _____ Home Address _____ Home Phone _____ Cell Phone _____ E-mail Address _____ Employer _____ Position held _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Business phone _____	Name of FATHER or male guardian: _____ <small>((Last, first, middle)</small> Date of Birth _____ S.S.No. _____ Home Address _____ Home Phone _____ Cell Phone _____ E-mail Address _____ Employer _____ Position held _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Business phone _____
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Person responsible for bill Mother Father Guardian/Other (Specify): _____

Primary insurance co. name: _____ Policy No. _____ Insurance co. address _____ _____ Group Name _____ Group No. _____ Effective date _____ Subscriber name _____ Relationship to patient _____
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Is your child covered under more than one insurance policy? Yes No

X _____
 (Signature of Patient/Guardian /Date)

X _____
 (Office Official Witness/Date)



**CARE
BRAVELY**

DIVISION OF PEDIATRIC GASTROENTEROLOGY AND NUTRITION

The Herman and Walter Samuelson Children's Hospital at Sinai

PATIENT AUTHORIZATION

Sinai Hospital of Baltimore Faculty Practice Providers are dedicated to preserving your privacy and personal health information. Our employees are trained in the proper handling of your medical and financial records. We are requesting this Patient Authorization in order to continue to provide the finest medical care possible. Thank you for your assistance.

I authorize Sinai Pediatric GI to:
(Dept./Division)

1. Call my home and/or work to remind me of upcoming appointments; in the event I am not there, leave a message on an answering machine.
2. Send reminder notices for upcoming appointments or when it is time to schedule an appointment.
3. Call my home or work and leave a message to contact the office. Make and/or receive calls from pharmacies on my behalf, including prescriptions. By FAX.
4. Update my personal demographic information either on the phone or in the office at the time of my appointment.
5. At my request, I give permission to discuss my personal health with the designated person(s) below:

Name

Relationship

Name

Relationship

Name

Relationship

I have read and agree to the above policies.

Patient Name (print)

Date

Signature of Patient/Guardian



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IMPORTANT REMINDER CHECKLIST

PLEASE ARRIVE 15 MINUTES PRIOR TO YOUR APPOINTMENT TO COMPLETE THE REGISTRATION PROCESS

- Did you call the PCP's office to have records sent?
(Last office note, growth chart, labs or related test faxed to (410) 601-5389)
- Did you call us 48 hours prior to confirm records were received or at least 24 hours in advance if you need to cancel or reschedule?
- Did you bring the **COMPLETED** New Patient Packet?
- Did you bring your state/government issues photo id, patient's insurance card(s), patient's referral and/or co-pay, if required by insurance?
(We accept Master Card, Visa, Discover, and Cash & Checks)
- Call us if your phone #, address or insurance changes.

Please expect to pay for parking as there is a **fee for parking** on the main parking lot as well as in the garage. *(This applies to the Sinai location only)*

*****If medical records are not received prior to the appointment, the appointment is subject to being canceled or postponed. *****

