

Uvalde Family Practice Assn.

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Tel. (830) 278-4453 Fax (830) 278-3427

## **New Patient Form Application**

Please fill all the information completely, return back to UFPA or fax to 830-278-3427

Please select Primary Care Physic	cian:	Date:	
□Lawrence P. Wegrzyn M.D.	☐Cherie Hauptmeier D.O.	□Andrew M. Rahaman M.D.	
Name of Patient:		Date of Birth:	
Telephone Number:	Work Num	Work Number:	
Address:			
Previous Doctor:			
Medication(s):			
Nature of Problems:			
Insurance: Policy #	Group#	<del></del>	
Secondary Insurance:	Group#		
Policy #	Group#		
Are you related to anyone being	seen in the practice?		
For New Patient Children Applic	eations Only:		
□I do agree to vaccinate my chil	d according to CDC recommer	ndations.	
□ I refuse to vaccinate my child a	according to CDC recommenda	ations.	
	For Office Use Only		
Comments:	clined: Date	e Notified:	
Physician Signature:	Date:		

## Uvalde Family Practice Association 1800 Garner Field Road Uvalde, Texas 78801 (830)278-4453

## **Immunization Policy Update**

Uvalde Family Practice Association will no longer accept <u>new patients</u> whose parents choose not to vaccinate with the exception of *Influenza* vaccines and *Gardasil* vaccines (which are both at this time, elective). Dr. Wegrzyn, Dr. Hauptmeier, and Dr. Rahaman have considered this decision very carefully with the primary concern of *safety* for all our patients and their families. In addition, we will ask <u>established families</u> who choose not to vaccinate to speak to their primary care physician about their concerns regarding immunizations, and we will strongly encourage them to implement the CDC Immunization Catch-Up Schedule.

Our goal at Uvalde Family Practice Association is to ensure healthy children and a safe environment for all. Throughout the day we care for infants too young for vaccines, medically-fragile children/adults, and immunocompromised children/adults. Therefore, we take this issue very seriously.

Also, please remember if your child is enrolled with THSteps there is a \$25 penalty per child per month until checkup is completed along with vaccines compliance. It is very important to schedule your child's checkups according to the CDC Immunization Schedule (we will no longer accommodate alternate schedules) and to keep these appointments.

It is a pleasure to care for you and we are honored that you entrust the care of your children to Uvalde Family Practice Association. We understand that our new Immunization Policy will not be acceptable for some families and if this is the case, we will gladly transfer your child's medical records to another primary care provider.

Lawrence P. Wegrzyn M.D. Cherie Hauptyneier, D.O. Andrew M. Rahaman, M.D.

☐ I agree to vaccinate my child according to CDC recommendations in Physician's advice.	conjunction with my
☐ I refuse to vaccinate my child according to CDC recommendations.	
Patient Name (printed):	
Parent/Guardian Name (printed):	
Patent/Guardian Name (signature):	Date: