



• Pediatric Health Associates •

Email: pha@pedhealth.net

River North Medical Office Building
636 Raymond Drive, Suite 205
Naperville, IL 60563-9791
630-717-2300

2600 W. 127th Street
Bldg. B, Suite 135
Plainfield, IL. 60585
815-609-2300

Health & Education Center of West Chicago
550 E. Washington, suite E
West Chicago, IL 60185-2234
630-867-4460

Date: ____/____/____

New patient

Established Patient

VISIT SUMMARY

PATIENT INFORMATION:

Name: _____ DOB _____

Weight: _____ lbs. _____ oz. Height: _____ Seen by Dr. _____

Reason for Visit: _____

PATIENT INSTRUCTIONS:

- Treatment Plan:
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

Follow-up with _____ in _____

Completed by: _____

(Please allow at least one week for test results.)

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Patient Name: _____ Parent Name: _____

Just a reminder, please call to schedule a follow-up appointment with _____

during the month of _____. (Please call at least 3 weeks in advance for appointments)