

# Western CO Pediatrics Patient Request



## PRIMARY CARE PARTNERS

3150 N. 12<sup>th</sup> Street • Grand Junction, Colorado 81506  
 P.O. Box 10700 • Grand Junction, Colorado 81502

Grand Jct | Fruita

Date	Office Requested	Preferred Physician (if applicable)	Are you a Hilltop or St. Mary's employee?	Yes	No
Referred by (if applicable)			Do you have Monument Health Insurance	Yes	No
Previous Provider/Physician			Are any of your family members current patients?	Yes	No

### Patient Information

Responsible Party Name	DOB	Phone	Email
[Please circle preferred contact method]			

SS#	DL #	Language
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Address	City	State	ZIP Code
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Spouse Name	DOB	Phone	Email	
<i>May we share financial information regarding this account with your spouse?</i>				
			Y	N

SS#	DL#	Language
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Child #1 Name (last, first)	DOB	Gender (circle one)
		Male    Female

SS#	Relation to Responsible Party							
American Indian/Alaskan	Asian	Native Hawaiian/Pacific Islander	Black/African American	White	Decline to Answer	Hispanic/Latino	Non Hispanic/Latino	Decline to Answer
Race (circle one)	Ethnicity (circle one)					Language		

**PCP Care Village**  
 3150 N 12<sup>th</sup> Street  
 Grand Junction, CO 81506  
 Western Colorado Pediatrics  
 970-243-5437  
 Family Physicians of Western Colorado  
 970-245-1220

Tabeguache Family & Sports Medicine  
 970-256-5201  
 Diagnostics & Mammography  
 970-241-6014  
 Physical Therapy Specialty Center  
 970-241-5856  
 Nutrition Therapy & Wellness  
 970-255-1576

**After-Hours Clinic**  
 3150 N 12<sup>th</sup> Street  
 Grand Junction, CO 81506

DOCS on Call  
 970-255-1576

**Wellington Location**  
 1120 Wellington Ave  
 Grand Junction, CO 81501

Western Colorado Physicians Group  
 970-241-6011

**Fruita Location**  
 455-456 Kokopelli Blvd  
 Fruita, CO 81521  
 Western Colorado Pediatrics  
 970-243-5437  
 Red Canyon Family Medicine  
 970-256-5285



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Male      Female

Child #2 Name (last, first)      DOB      Gender (circle one)

SS#      Relation to Responsible Party

American Indian/Alaskan	Asian	Native Hawaiian/Pacific Islander	Black/African American	White	Decline to Answer	Hispanic/Latino	Non Hispanic/Latino	Decline to Answer	
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Race (circle one)      Ethnicity (circle one)      Language

Notify in case of emergency (other than in household)      Phone      Relationship to Patient

Child's Insurance      Member ID      Group #

Medicaid/CHP+ Member ID #

Parent's Employer

Email      Decline      Print      Decline

How did you hear about us?      Reminder Communication      Appointment Summary

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