

Olney Pediatrics
Adolescent Portal SignUp Form
PLEASE RETURN COMPLETED

We participate in a program called CHADIS – Child Health And Development Interactive System, and have recently linked the questionnaires with our Patient Portal to limit the amount of usernames and passwords necessary for families.

Completing the CHADIS questionnaires prior to the appointment will improve the communication between you and your doctor by providing us with vital information before you come in.

For our patients between the ages of 11 and 17, we have questionnaires for BOTH the parents and patients. For that reason, we need to register the minor child with their own portal access in order to access their questionnaires.

Parents: Please do not write YOUR cell phone # or Email address below as that will conflict with your Patient Portal/Financial Acct. If you prefer not to give us this information for your minor child, we can provide them a tablet at the time of appointment.

MINOR PATIENT'S Name (Print) _____ **DOB** _____

PLEASE COMPLETE ONLY ONE BELOW:

Minor Child's cell phone # _____ **Child does NOT have a cell phone**

Minor Child's email address _____ **Child does NOT have email**

_____ **I prefer NOT to enroll my child this year**

PARENT'S Signature: _____ **Date:** _____