CHOC Children's Specialists
Pediatric General & Thoracic Surgery
505 S. Main Street, Suite 225
Orange, CA 92868
T: **714-364-4050** / F: 714-364-4051

Appointment Information / Please Read

Below is information regarding your up-coming appointment with CHOC Children's Specialists - Division of Pediatric General and Thoracic Surgery. If you are unable to keep your appointment, we would appreciate a phone call at least 24 hours ahead of time.

We request that you check-in 15 minutes prior to your scheduled appointment time. Please be aware that if you arrive more than 15 minutes late we may not be able to see you. Always call our office if you have any questions or concerns **714-364-4050**.

Physicians

Saeed Awan, MD
Maryam Gholizadeh, MD
David Gibbs, MD
Laura Goodman, MD
Yigit Guner, MD
Mustafa Kabeer, MD
Troy Reyna, MD
Peter Yu, MD

Office Locations

Orange
Corona Office
Mission Viejo
Newport Beach
PIH - Whittier
(addresses are listed below)

What to bring to your appointment:

* Patient's Insurance Card
* Photo ID for person bringing patient to appointment and/or responsible party
* Completed Patient Demographics Form - Signed and Dated
* Completed Patient Health History Record Form - Signed and Dated
* Co-Payment if applicable. Co-Payments are due at time of appointment.
  (We accept cash, personal checks, MC, Visa, American Express and Discover)

Important - Please Read:

If someone other than the patient's parent or legal guardian will be bringing the patient to their appointment, please call our office. We will need documentation from the parent/legal guardian giving permission. Please be aware that the person bringing the patient must be at least 18 yrs. of age.

Office Location Addresses / Orange is our Main Office

Orange Office:
505 S. Main Street
Suite 225
Orange, CA 92868

Orange Office Parking:
Bring Parking ticket to office. We can validate your parking ticket for 1 hour. $1 for each addl. 30 mins. (Rates subject to change.)

Corona Office:
CHOC Children's Health Center
854 Magnolia Avenue, Suite 101
Corona, CA 92879

Mission Viejo Office:
Los Altos Medical Plaza
26691 Plaza
Suite 130
Mission Viejo, CA 92691

Newport Office:
CHOC Children's Specialty Clinic
500 Superior Avenue
Suite 140
Newport Beach, CA 92663

PIH - Whittier
PIH Health Pediatrics
CHOC Children's Specialty Clinic
15725 D. Whittier Blvd.
Suite 300
Whittier, CA 90603

Parking is an open lot with no fees for all offices except Orange.

updated: 10/19/22

CHOC Children's Specialists

Health History Record

(TO BE COMPLETED BY PARENT / LEGAL GUARDIAN)

PEDIATRIC GENERAL & THORACIC SURGERY

PATIENT

Name: _____ Birth Date: ____/____/____
First Middle Last

Birth Weight: _____ Current Weight: _____ Male ☐ Female ☐ Age: _____

Referring Physician: _____ Primary Care Physician: _____

What is the reason for today's visit (in your own words) ? _____

NEONATAL HISTORY

NO	YES		
☐	☐	Prematurity (gestational age - _____ weeks)	Other: _____
☐	☐	Respiratory Problems	_____
☐	☐	Heart Disease	_____
☐	☐	Feeding Disorders	_____

HEALTH HISTORY

List any significant medical problems: _____

Previous Surgeries: ☐ NO ☐ YES If yes list type and date. (If more room needed please attach list)

Date:	Surgery Performed:	Where Performed:

	NO	YES	If yes explain:
Problems with Anesthesia:	☐	☐	
Bleeding Disorders:	☐	☐	
Allergies to Medications:	☐	☐	
Other Allergies (latex, etc.)	☐	☐	

List any prescription and non-prescription medications your child is taking: (If more room needed please attach list)

Any other information or concerns you would like your physician to be aware of: ☐ NO ☐ YES

I confirm that the above information is true and correct to the best of my knowledge (Parent/Guardian please sign below.)

_____ _____
Signature of Responsible Person *Date*

_____
Relationship to Patient

OFFICE USE ONLY
PLACE CHOC LABEL HERE