



**Children's Clinic of Wyomissing**

2240 Ridgewood Road, Suite 100  
Wyomissing, PA 19610  
(610) 376 8691 / Fax (610) 376 8745

## PIAA Form

Patient's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PLEASE READ CAREFULLY;**

It is under the discretion of the Children's Clinic of Wyomissing physicians to complete the PIAA form with the understanding that the child had a complete physical in our practice within the last 12 months and there were no significant changes to the child's health. During chart review if we feel that it is in the best interest of the child to come in for a physical you will be contacted to schedule one.

Has your child had any of the following since their last physical exam at Children's Clinic of Wyomissing?

1. Head injury or concussion: YES  NO
2. Other physical injury: YES  NO
3. Newly diagnosed medical condition: YES  NO
4. Newly prescribed medication by physician other than at Children's Clinic: YES  NO
5. Other medical evaluation by a medical provider other than Children's Clinic: YES  NO
6. Any family with history of heart conditions (i.e. early onset heart disease, syncope, arrhythmias or sudden death): YES  NO
7. Have you been diagnosed with COVID-19: YES      NO

Parent or Guardian Signature \_\_\_\_\_ Relation to the child \_\_\_\_\_

Date \_\_\_\_\_ Phone number at which we may contact you \_\_\_\_\_

Fee \$25.00      Cash       Credit Card       Check