



# ALL ABOUT KIDS™

Evaluations & Therapy Services For All Children

[www.allaboutkidsny.com](http://www.allaboutkidsny.com)

## CONSENT TO OBTAIN PHYSICAL EXAM & RECORD OF IMMUNIZATIONS

I hereby authorize:

\_\_\_\_\_

Pediatrician's Name

\_\_\_\_\_

Pediatrician's Address

\_\_\_\_\_

City, State and Zip Code

\_\_\_\_\_

Pediatrician's Office number and Fax number

to forward a copy of \_\_\_\_\_ DOB \_\_\_\_\_  
most recent physical exam and an up-to-date record of immunizations to **All About Kids**.

Thank you for your assistance in this matter.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

Date \_\_\_\_\_

**PLEASE fax to 914-251-1266**

*All About Kids follows FERPA regulations providing for confidentiality of information that is exchanged.*

**Executive Office**

**Nassau**  
255 Executive Drive,  
Suite LL 105/108  
Plainview, NY 11803  
516-576-2040  
Fax: 516-576-2131

**Suffolk**  
150 Vanderbilt Motor Pkwy,  
Suite 401  
Hauppauge, NY 11788  
631-439-6860  
Fax: 631-439-6861

**Queens  
Manhattan**  
37-11 35<sup>th</sup> Ave,  
Suite 3C  
Astoria, NY 11101  
718-706-7500  
Fax: 718-706-9595

**Brooklyn**  
25 Chapel Street,  
Suite 704  
Brooklyn, NY 11201  
718-522-7300  
Fax: 718-522-5280

**Bronx**  
3140B  
E. Tremont Avenue  
Bronx, NY 10461  
718-239-4147  
Fax: 718-239-4310

**Westchester**  
145 Huguenot Street,  
Suite 404  
New Rochelle, NY 10801  
914-251-0905  
Fax: 914-251-1266

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