



Marblehead Pediatrics

70 Atlantic Avenue
Marblehead, MA 01945
781-631-7800 (phone) 781-631-4319 (fax)

Lisa Gast, D.O., F.A.A.P.
Rebecca Ehrenberg, R.N., P.N.P.

Sarah O'Connor, D.O., F.A.A.P.
Hillary Johnson, R.N., P.N.P.

Dr. Daniel Shen, M.D., F.A.A.P.

Marblehead Pediatrics

Patient's Last Name: _____ First Name: _____ Nickname: _____

Patient's Date of Birth: _____ M/F: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Native American or Native Alaskan: Yes No (Eligible for free immunizations through federal program)

--Family Information--

Parents/Guardian Name: _____ Cell Phone: _____

Parents/Guardian Name: _____ Cell Phone: _____

Who does the child live with? _____

Siblings names if applicable: _____

--Insurance Information--

Health Insurance: _____ Insurance ID: _____

Policy Holder: _____ Policy Holder DOB: _____

Preferred Pharmacy: _____

Our office was referred by: _____

Printed Name: _____ Relationship to patient: _____

Signature: _____ Date: _____

It is very important that you notify our office whenever there is a change made to the above information. We need to keep your child's file current.



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New Portal Registration MHP.PCC.COM/PORTAL

First Name: _____ **Last Name:** _____
Email: _____ **Mobile Phone:** _____

Child's Name	Date of Birth

- Once your account is created, you will receive an email with a temporary password that is active for one week. You will need to sign into the portal in order to complete your account set-up. Be sure to verify that your name appears correctly and that the names of all the patients you have requested access to appear on the screen.
- Please be aware that when a patient turns **14**, the record for that patient automatically becomes private. Messages can still be sent in regards to the patient, but information in the chart cannot be viewed. After the patient is **14**, the patient may grant permission to the parent or guardian to have access to the chart by complete and signing a release form. This permission can be revoked at any time at the request of the patient or at the discretion of the physician.

Parent/Guardian Signature: _____ **Date:** _____

Marblehead Pediatric Initials: _____ **Date:** _____