



HCHS/SOL- Family Lifestyle Outcomes Research

Child Pediatric Provider (CPPB)

QXQ

6/7/2019

General Instructions

This is a multiple occurrence form. Enter contact information for each child pediatric provider as a separate occurrence.

QxQ Instructions

Complete one occurrence of this form for each provider.

A. Child Pediatric Information

Ask mother to provide the best possible answer (as much detail as she can provide):

1. Where do you currently take your child for pediatric care?
 - a. Name of pediatrician or other healthcare provider:
Enter the name of the provider; this may be a nurse practitioner, physician's assistant, family medicine physician, etc., whomever regularly sees the child.
 - b. Name of the pediatrician's office or clinic:
Enter the clinic name or office location.
 - c. Address of the pediatrician/healthcare clinic or office:
Enter detailed address for the clinic or office, whatever is needed in order to mail them a medical records request.
 - d. Phone number of healthcare clinic or office:
Enter the phone number for the clinic or office, including area code.

[Complete a new occurrence of the CPPB for each different pediatric or healthcare provider]