



136 W. Peoria Street • Pasadena, CA 91103
phone: (626)795-5166 • fax: (626)795-8154

Volunteer Physician Involvement Form

Physician's Information:

Name: _____ Today's Date: ____/____/____
 First Middle Last

Specialty: _____ Birthday: (Month/Day): ____/____

Group Name or other partners at same location: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: (_____) _____ Office Fax: (_____) _____

E-mail Address _____

When calling your office, to whom shall we speak? _____

Name of office manager? _____

Do you have bilingual capabilities in your office? yes no Language(s): _____

Do you accept: MediCal Covered California

Hospital Staff Membership and Liability Insurance:

Name of Hospital: _____

Address of Hospital: _____

Professional Liability Insurance Carrier: _____

Please attach a copy of your liability insurance certificate.

California Medical License Number: _____

May we use your name in Young & Healthy publications? yes no

Do you have colleagues who you believe would be interested in learning more about Young & Healthy?
(name & contact info) _____

Continued on reverse side →

Treatment Component:

I am willing to participate in the following treatment programs of Young & Healthy (check all that apply):

- I will provide _____ free office visit(s) per week.
- I will provide _____ free office visit(s) per month.
- I will see _____ child/children through the course of their particular illness.
- I will provide complete history & physical exam for diagnostic and referral purposes _____ times per month.
- I will provide a "medical home" for a child or family of children with chronic medical needs.
- I would be happy to provide care for young adults (ages 18-25) leaving foster care

Is there anything else you would like us to know about your practice?

Specific times & days of the week that you are available:

- AM** Monday Tuesday Wednesday Thursday Friday
- PM** Monday Tuesday Wednesday Thursday Friday

Education Component:

I am willing to give group lectures or participate in small group discussions with parents in the community to help them better deal with their children's health needs. I would be willing to lead a session on the following topic(s):

Schedule Availability (check/circle all that apply)

- Monday Tuesday Wednesday Thursday Friday Saturday
AM/PM/Eve AM/PM/Eve AM/PM/Eve AM/PM/Eve AM/PM/Eve AM/PM/Eve

As part of my professional response to the need for health care of large numbers of under and uninsured children in the Pasadena community, I am volunteering the services I have checked, above, for children identified by Young & Healthy.

Physician's Signature: _____ **Date:** _____

Please mail, FAX or email this form to:
Young & Healthy, 136 West Peoria Street, Pasadena, CA 91103, Fax: (626) 795-8154,
email: info@yhpasadena.org