



**PROGRESSIONS**  
DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

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Dear Parent,

Enclosed in this packet of materials are questionnaires designed to provide useful information about your child, along with a patient registration form, the statement of financial policies, financial responsibility form, authorization for exchange of information form, and a map with directions to this office.

Please have these forms filled out **completely** and **returned as soon as possible prior to your child's first appointment**, along with any relevant records and information, to:

**Progressions  
Developmental and Behavioral Pediatrics  
1801 Oakland Blvd., Suite 340  
Walnut Creek, CA 94596**

If you have any questions regarding these forms, please contact our office at: **(925) 279-3480**.

Please arrive **15 minutes ahead** of your first scheduled appointment to allow for our registration procedure.

**Please notify this office of any cancellations 48 hours prior to your child's appointment; 24 hours when possible in case of an emergency. Lack of proper notification to this office will result in a \$190.00 charge to the family.**

We look forward to meeting with you and your child soon.

**Your appointments are scheduled for:**

\_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_

*Please keep this page for your records.*