

PORTOFINO PEDIATRICS



Nivia E. Vazquez, M.D. • 925 N.E. 30th Ter. Suite 202 • Homestead, FL 33033 • P: 305.246.1030 • F: 305.246.2387

Today's Date: _____

Chart #: _____

USERNAME: _____ PASSWORD: _____

Patient's Last Name: _____ First Name: _____

DOB: _____ Age: _____ Sex: _____ Mom's Social Security #: _____

Mother's Name: _____ DOB: _____

Father's Name: _____ DOB: _____

Mom's Phone: _____ Dad's Phone: _____

SIBLING: _____ DOB: _____ SIBLING: _____ DOB: _____

SIBLING: _____ DOB: _____ SIBLING: _____ DOB: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Known Allergies: _____

Patient Ethnicity: _____ Patient Race: _____ Preferred Language(s): _____

EMAIL: _____

PREFERRED PHARMACY: _____ Phone #: _____

Authorized to bring child other than parents: _____ Phone #: _____

Emergency Contact: _____ (NOT SAME AS PROVIDED ABOVE) Phone #: _____

INSURANCE _____ POLICY NUMBER _____

Hospital Child was born: _____ OB-GYN: _____

Hospital visit in current month? _____ If yes, which hospital? _____ Date: _____

Previous PCP: _____ Phone: (____) _____ - _____

Previous Specialist: _____ Phone: (____) _____ - _____

Previous Therapies: (Type/Center) _____ Phone: (____) _____ - _____

IF APPLICABLE

Is child living under foster care? _____

If Yes, Name Of Foster Center: _____ Phone: (____) _____ - _____

Social Worker Name: _____ Case #: _____

Caregiver: _____ Relationship: _____