



Dr. Martinez-Rubio, Pediatric Endocrinologist

116 Intracoastal Pointe Drive, Suite# 200

Jupiter, FL 33477

Tel: 561-972-7337

Fax: 561-972-7344

E-Mail: Office@littlepalmsendo.com

New Patient Medical History Form

Please complete the following questionnaire prior to your appointment with Dr. Martinez-Rubio. Please answer all the sections as accurately as possible.

General Information:

Patient Name: _____

Date of Birth: _____ Age: _____

Name of Person Completing Form: _____ Relationship: _____

Why is the patient seeing us today? _____

When did this problem start? _____

Any labs/x-rays for this problem? No Yes (if yes, explain: _____)

Has your child been seen by an Endocrinologist before? No Yes

Pediatrician's Name: _____

Birth History:

Birth Weight: _____ Birth Length: _____

Vaginal Delivery C-Section (if C-Section, explain: _____)

Full-Term Born early/late (if so, how many weeks? _____)

Any problems during pregnancy? No Yes (if yes, explain: _____)

Any problems during delivery? No Yes (if yes, explain: _____)

Did the child go to NICU following birth? No Yes (if yes, explain: _____)

Medical History:

Hospitalizations or ER visits No Yes (if yes, list: _____)

Surgeries No Yes (if yes, list: _____)

Major/Chronic medical problems No Yes (if yes, explain: _____)

Allergies to medications No Yes (if yes, list: _____)

Developmental History:

Any developmental problems? No Yes (if yes, explain: _____)

Preferred Pharmacy:

Pharmacy Name: _____

Address: _____

Phone: _____

I acknowledge the above information is true to the best of my knowledge.

_____ Date of Birth: _____

Patient's Name (print):

Print Patient or Parent/Legal Guardian Name (if minor):

_____ Today's Date: _____

Signature of Patient or Parent/Legal Guardian (if minor):