

Rainbow Pediatrics of Palm Beach County, LLC
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Boca Raton, FL 33428
Office 561-485-5437 (ITS-KIDS) Fax 561-487-9499

Health History Form

Date _____

Patient Name _____ **DOB** _____

Address _____

Phone number(s) _____

E-mail address _____

Birth History

Where _____ **Full Term Y N** **How Many weeks?** _____

Birth Weight _____ **Vaginal or C-Section** **Complications** _____

Allergies

Medication _____ **Food** _____ **Environmental** _____

Medications

Prescription _____

Over-the counter _____

Hospitalizations _____

Surgeries _____

Past Medical History _____

Family History _____

Social History

Patient lives with _____
Siblings and ages _____
Does anyone smoke inside or outside Y N _____
Pets _____

Pharmacy

Name _____ Tel number _____
Address _____

Lab Quest Labcorp (please circle)

Insurance Information – please provide a copy of the card

Insurance Carrier _____
Policy Holder's Name _____ DOB _____
Policy Number _____ Group ID Number _____

Name of persons authorized to bring your child to the office

Name _____	Tel # _____	Relationship to child _____
Name _____	Tel # _____	Relationship to child _____
Name _____	Tel # _____	Relationship to child _____
Name _____	Tel # _____	Relationship to child _____

Parent/Guardian Signature

I attest that all of the above information is correct and I give permission for the above stated person(s) to sign for medical treatment for my child.

X _____ Date _____