



Del Valle Pediatrics

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The Diamond Centre Court

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Name _____
 Race _____
 Hospital _____
 Obstetrician _____
 Referred by _____
 Father's Name _____
 Mother's Name _____

Birth Date _____ Date First Seen _____
 Insurance _____
 Address _____ Phone _____
 Address _____ Phone _____
 Address _____ Phone _____
 Address _____ Phone _____

FAMILY HISTORY

ALLERGIES (✓)

| | Age | Health | Environmental/Food | Type of Allergy |
|----------------|-----|--------|--------------------|-----------------|
| Mother | | | | |
| Father | | | | |
| Sibling | | | | |
| Sibling | | | | |

OTHER

Miscarriage _____ Month _____ Cause _____
 Tuberculosis _____ TBC Contacts _____
 Diabetes _____ Convulsive Disease _____
 Mother's Blood Type _____ RH _____
 Baby's Blood Type _____

BIRTH AND DEVELOPMENT

Term _____ Delivery _____ Birth Weight _____
 Condition at Birth _____ Apgar Score _____
 Condition 1st Week _____
 Feeding _____ Cyanosis _____
 Convulsions _____ Jaundice _____
 Sat Up _____ Stood _____ Walked _____ Words _____
 Short Sentences _____ First Teeth _____ Bladder _____ Bowel _____

FEEDING HISTORY

Breast _____ Formula _____ Vitamins _____
 Primary Drinking Water Supply: Well City/Municipal Bottle Area Fluoride Level: Inadequate Adequate Unknown
 Fluoride Supplements: *Topical* Rinse Gel Paste *Systemic* Vitamin/Fluoride Supplement Fluoride-Only Supplement
 Soft Food _____ Present Diet _____ Feeding Habits _____
 Appetite _____ Likes _____ Dislikes _____
 Vomiting _____ Stools _____ Sensitivity _____ Hives _____

CHILDHOOD IMMUNIZATION RECORD

| VACCINE | DATE OF IMMUNIZATION |
|--------------------------------------|----------------------|
| Hepatitis B | |
| Diphtheria, Tetanus Pertussis | |
| H. Influenzae Type b | |
| Polio | |
| Measles, Mumps Rubella | |
| Varicella Zoster Virus Vaccine | |
| Other | |

ILLNESSES

| TYPE | DATE |
|-----------------|------|
| Pertussis | |
| Measles | |
| Rubella | |
| Mumps | |
| Chickenpox | |
| Scarlet Fever | |
| Diphtheria | |
| Operations | |
| T. and A. | |
| Allergy | |
| Appendix | |
| Glands | |
| Rheumatic Fever | |
| Otitis | |
| Colds | |
| Tonsillitis | |
| Convulsions | |
| Constipation | |
| Diarrhea | |
| Asthma | |
| | |
| | |
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