

Greetings-

For better serve you now you can complete your child medical historical from home before you come to the office.

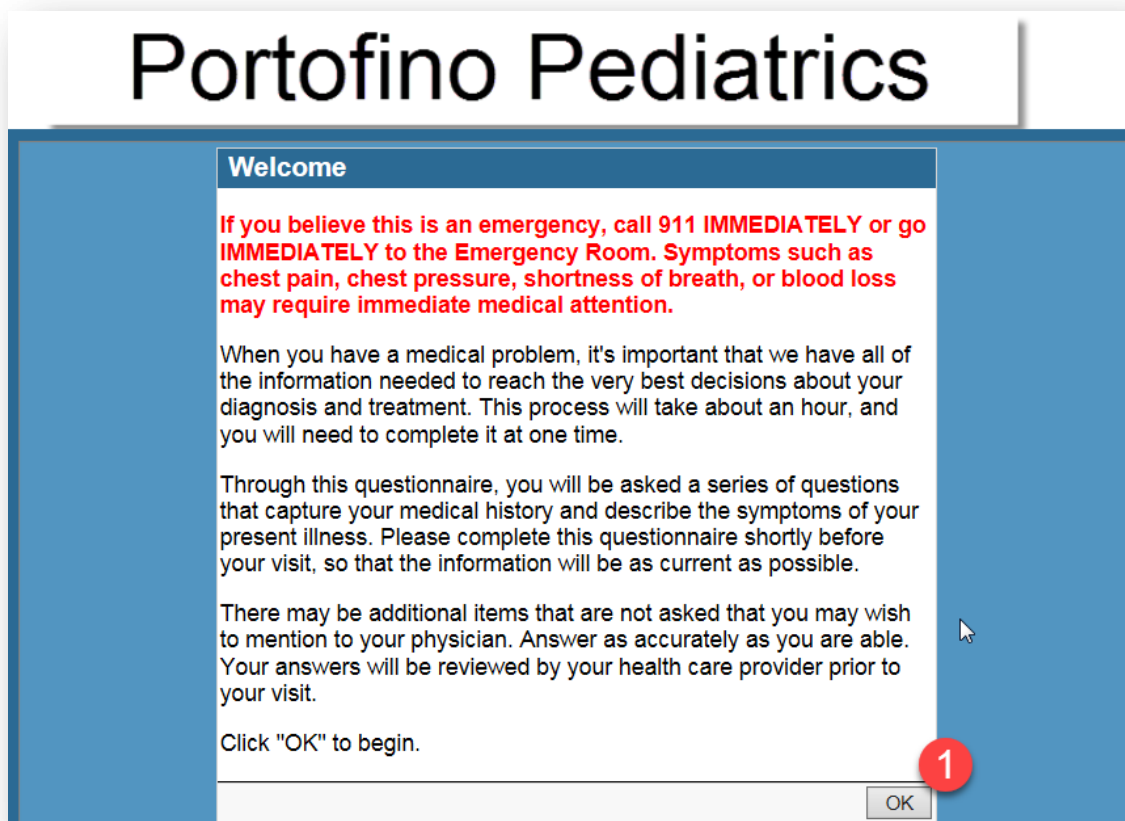
- It is very important that you enter the exact name and last name in capital letters

Your PatientID number will be provided by the office' staff

Please make sure to answer all questions until the end so all entries are saved. If you decide to stop the questionnaire in the middle or before hitting "SAVE" all entries will be lost. If you have any questions or cannot complete the questionnaire please call us at 305-246-1030.

Regards; Portofino Pediatrics

Following we will show you step by step of the beginning of questionnaire



Portofino Pediatrics

Enter Patient Information

Please enter your information and click Next.

Legal First name 2

Legal Last name 3

Male Female 4

Date of birth

Month (1-12, 1=Jan, 2=Feb, etc.) 5

Day (1-31) 6

Year (4 digits, ex: 1960) 7

SSN -- OR

PatientID Number

Spanish Interview Yes

Espanol

All CAPS

Next

Enter the Reason for Your Visit

Please select the reason for your visit from the list below.

8 Patient Questionnaire

Select Patient Questionnaire

Next

Saludos!

Para mejor servirle ahora usted puede llenar todo el historial médico de su hijo antes de venir a nuestra oficina y desde su casa.

- Es importante que entre exactamente el nombre y el apellido, todo en letras mayúsculas.

Su número de PatientID será proveído por el staff de la oficina

Por favor asegúrese de contestar todas las preguntas hasta el final para todas las entradas. Es importante que sepa que si decide abandonar el cuestionario a la mitad o antes de salvarlo todo lo llenado hasta ese momento, se perderá. Si usted tiene alguna pregunta o no puede completar el cuestionario por favor llámenos al 305-246-1030.

Regards; Portofino Pediatrics

A continuacion le mostramos algunos ejemplos paso por paso de como lucira su cuestionario y todas las preguntas que debe contestar.

Portofino Pediatrics

Welcome

If you believe this is an emergency, call 911 IMMEDIATELY or go IMMEDIATELY to the Emergency Room. Symptoms such as chest pain, chest pressure, shortness of breath, or blood loss may require immediate medical attention.

When you have a medical problem, it's important that we have all of the information needed to reach the very best decisions about your diagnosis and treatment. This process will take about an hour, and you will need to complete it at one time.

Through this questionnaire, you will be asked a series of questions that capture your medical history and describe the symptoms of your present illness. Please complete this questionnaire shortly before your visit, so that the information will be as current as possible.

There may be additional items that are not asked that you may wish to mention to your physician. Answer as accurately as you are able. Your answers will be reviewed by your health care provider prior to your visit.

Click "OK" to begin.

OK

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SSN - - OR

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Espanol

Todas las letras mayúsculas

Next

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Please select the reason for your visit from the list below.

8

Seleccionar
Questionare paciente

Next