PEDIATRIC PATIENT HISTORY

Child's full name: ______________________ Today's Date: ______________

Male ____ Female ____ Date of Birth: ____________ Age: _____ Grade: _____ Referred by: ______________

Mother's name: ______________________ Age: ______ Occupation: ______________

Father's name: ______________________ Age: ______ Occupation: ______________

Guardian's name: ______________________

EYE HISTORY

Have you ever noticed any of the following happening with your child's eyes? (check any that apply)

Eye turn: ☐ in ☐ out ☐ eyes watering ☐ eyes red ☐ swelling around eyes ☐ white appearance in pupil

☐ blurred far vision ☐ blurred near vision ☐ double vision ☐ eyes hurt or tired ☐ closing one eye ☐ covering one eye

☐ excessively rubbing eyes ☐ bothered by light ☐ poor general coordination

Explain any eye concerns noted by observing your child: ______________________

DEVELOPMENTAL and HEALTH HISTORY

Pregnancy

Length of pregnancy: _______ weeks Complications before delivery: ______________________

Other pregnancy issues: ______________________

Delivery

Birth Weight ____________ Complications during delivery: ______________________

Was oxygen used? ☐ No ☐ Yes APGAR score at birth: ____________

Medical

Child's pediatrician: ______________ Last exam date: ____________ Are immunizations up to date? ☐ No ☐ Yes

Does your child have any food or drug allergies? ☐ No ☐ Yes: ______________________

List ALL medications taken regularly: ☐ None List: ______________________

List any developmental delays: ______________________

Walked at what age: ______ Crawled at what age: ______ First words at what age: ______

List any childhood illnesses:	Age	Mild	Severe
______________________	____	____	____
______________________	____	____	____
______________________	____	____	____

SCHOOL HISTORY

Age at entrance: ______ Name of school: ______________________

School work: ☐ average ☐ above average ☐ below average

Does child like school? ☐ No ☐ Yes Have there been any school difficulties? ☐ No ☐ Yes ______________

Has a grade been repeated? ☐ No ☐ Yes

______________________ Signature

______________ Date