
SAMPLE PATIENT HISTORY INFORMATION INFANT (BIRTH THROUGH AGE TWO)

Patient and Eye History

Patient History

- Name
- Contact Information
- Date of Birth and Gender
- Ethnicity
- Parent(s) or Guardian(s) Name
- Parent(s) or Guardian(s) Contact Information
- Other

Eye History discussion with the parent (conditions and concerns)

- Baby's eye conditions: eye turn, watering, inflammation, lack of eye contact, etc.

Developmental and Health History

Pregnancy and Delivery

- Length of pregnancy in weeks
- Complications/issues during pregnancy or delivery
- Birth weight and medical information (oxygen at birth, etc.)
- Parents age at time of birth
- APGAR score at birth (if known)
- Other

- Diagnosed or suspected developmental delays?
- Physical activities baby can do at this time (i.e., roll over, sit, crawl, stand, walk)?
- History of a high temperature (fever)? How high?
- Childhood illnesses baby had, and severity and any injuries to eye or head and at what age?
- Other pertinent conditions?

Medical

- Child's doctor
- Last exam date
- Are immunizations up to date?
- Does baby have any known food or drug allergies?
- Medications taken regularly?

Family History

- Family members who have an eye conditions (i.e., lazy eye (amblyopia), eye turn (strabismus), eye tumor or other eye problems?)

Parent/Guardian Signature/Date are recommended