
SAMPLE PATIENT HISTORY INFORMATION SCHOOL AGE CHILDREN

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

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

Medical

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

Eye History discussion with the parent (conditions and concerns)

- Child eye conditions: eye turn, watering, inflammation, lack of eye contact, avoids looking at books, etc.

- History of a high temperature (fever)? How high?
- Childhood illnesses had and severity, and any accidents, eye or head injuries and at what age?
- Does child easily interact with other children?
- Other pertinent conditions?

Family History

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

School History

- Are there noted difficulties in school?

Additional Information

- Does the parent/guardian have any additional information that relates to examination?

Parent/Guardian Signature/Date are recommended