



WELCOME TO OUR OFFICE

Our Patient ID: _____

The development of your child's vision is affected by certain illnesses, as well as the family history. This questionnaire will provide information needed to complete a visual record, and aid us in determining how your child's vision has developed.

Date: _____

Child's Last Name: _____ Title: Mast / Miss / _____

First Name: _____ Known As (if different): _____

Person to Receive Mail on Child's Behalf (if required): _____

Address: _____
(postal) _____ Postcode: _____

Phone: Hm: _____ Wk (parent/guardian): _____ Mb: _____

Birth Date: _____ Age: ____ Sex: M / F School: _____ Grade: _____

Medicare Nbr: _____ Ref Nbr: ____ Exp: ____ Veterans Affairs Card: Gold Nbr: _____

Some Health Insurance Funds require extra information. Please advise us so that we can provide these details for you:

Private Fund (Name: _____)

Medical Practitioner: _____ May we send a report to your GP? Yes No

Hobbies/Interests: _____ Sports: _____

What recommended you to our practice?

- Mailing Newspaper Radio Television Website Yellow Pages Doctor
 Friend School Location Reputation Other _____

HEALTH HISTORY - PARENT/GUARDIAN TO COMPLETE

PLEASE ANSWER TO THE FOLLOWING QUESTIONS:

Is the child presently under a doctor's care? (Y) (N)

PRESENT SITUATION

Does The Child Ever Report:

- Headaches (Y) (N)
- Blurred vision (Y) (N)
- Eyes "hurt" or "tired" (Y) (N)
- Double Vision (seeing two) (Y) (N)

Have You Noticed:

- Excessive eye rubbing (Y) (N)
- Holding reading close (Y) (N)
- Frowning or squinting (Y) (N)
- Reversing words / letters / numbers (Y) (N)
- Confuses Right and Left (Y) (N)
- Short attention span (Y) (N)
- Bumping into objects or tripping over (Y) (N)
- Poor general co-ordination / clumsy (Y) (N)
- Closes or covers one eye (Y) (N)
- Large pupils in bright light (Y) (N)
- Untidy or crowded writing (Y) (N)

GENERAL HEALTH

- Any allergies (Y) (N)
- Any significant injuries (Y) (N)
or past illnesses (Y) (N)
- Currently on medications (Y) (N)

DEVELOPMENTAL HISTORY

- Full term pregnancy (Y) (N)
- Normal birth (Y) (N)
- Did The Child...
 - Crawl before walking (Y) (N)
 - Crawl in any unusual way (Y) (N)
 - Start walking at expected age (Y) (N)
 - Start talking at expected age (Y) (N)
 - Have any speech problems (Y) (N)

FAMILY HISTORY

- Any unusual eye conditions in the family (Y) (N)
- Any diabetes in the family (Y) (N)

SCHOOL HISTORY

- Does child like to read (Y) (N)
- Is the child's school work...
 - Better than expected (Y) (N)
 - As expected for ability (Y) (N)
 - Below what is expected (Y) (N)

VISUAL HISTORY

- Child's eyes ever crossed (Y) (N)
- Last Visual Exam
 - Approx Date: _____
 - By Whom: _____
- Name of Person
Completing This Form: _____