Developmental History ~ Children's & Family Eyecare

Child's Name ________________________ Birthday ____/____/____ Age ____ Yr____ Mo ____

Grade: _____ School's Name and Address: ________________________

Teacher's Name: ______________ ________________________

Mother's Name: ______________ Occupation: ______________ Phone: ______________

Father's Name: ______________ Occupation: ______________ Phone: ______________

Mailing Address: ________________________

Who referred you to this clinic? ______________ Number of Children in Family________

I. Please state the major reasons you would like your child examined: ________________________

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II. Vision	Yes	No	Comments
Headaches			
Blurred Distance Vision			
Blurred Reading Vision			
Holds Books Closer than Normal			
Eyes Hurt			
Eyes Tire			
Eye Turn (crossed or wall-eyed)			
Blinks Excessively			
Covers One Eye While Doing Homework			

III. School	Yes	No	Comments
Is your child having problems in school?			
Does your child like the teacher?			
Is school satisfied with child's performance?			
Are you satisfied with child's performance?			
Do grades really show his/her ability?			
Is there trouble completing written assignments?			
Does your child lose his/her place while reading?			
Does your child misread words that are known?			

IV. Behaviors: Please rate your child: (Place a number in the blank space to the left of the item)

1- Always 2- Frequently 3- Occasionally 4- Rarely 5- Never 6- Unknown

____ Hyperactive	____ Poor Ability to Organize Work	____ Confusion Following Verbal Instructions
____ Easily Distracted	____ Indistinct Speech	____ Variable School Performance, hour to hour
____ Short Attention Span	____ Awkward or Clumsy	____ Reverses letters, words, or number's in reading
____ Easily Frustrated	____ Poor Peer Group Relationships	____ Reverses letters, words, or number's in writing
____ Impulsive	____ Behavioral Problems	____ Shows Confusion about Right and Left
____ Easily Fatigued	____ Emotional Problems	____ Shows confusion about directional orientation