Patient name:
Patient DOB:
Patient Acct Number:
Appt Date:

Pediatric Medical History Update

Child's known eye problems or previous eye treatment: ______________________________

____

Child's known medical problems or surgery: ______________________________

____

Child's current medications (include eye drops): ______________________________

____

Child's ***Allergies*** to Drugs (provide the drug and the nature of reaction): ______________________________

____

Other problems

Are these problems present in the patient?

Yes	No		explain
_____	_____	Heart	______________
_____	_____	Lungs	______________
_____	_____	Ears/Hearing	______________
_____	_____	Kidney/Urinary	______________
_____	_____	Joints/Bones	______________
_____	_____	Tumors	______________
_____	_____	Genetic/Metabolic	______________
_____	_____	Premature Birth	______________
_____	_____	Gastro-intestinal	______________
_____	_____	Neurological	______________
_____	_____	Behavioral	______________
_____	_____	Developmental Delay	______________

Family History

Are these problems present in the family?

Yes	No		explain (who has them?)
_____	_____	strabismus (eye not straight)	______________
_____	_____	amblyopia (one eye with poor vision)	______________
_____	_____	eye surgery in childhood	______________
			______________
_____	_____	early cataract	______________
_____	_____	early glaucoma	______________
_____	_____	eye tumor	______________
_____	_____	early strong glasses	______________
_____	_____	early retina problem	______________
_____	_____	Learning Problems	______________
_____	_____	Other Eye Problems:	______________

Additional History Information from Parent or Guardian:

If you're 13 or older, do you smoke? **Yes / No**

Primary Care Physician (name of doctor and group): ______________________________

Pharmacy name, address & phone #: ______________________________

Email of Patient Guarantor: ______________________________

Emergency Contact: Name: ______________ Phone: ______________ Relationship: ______________

Signature of MD to indicate review of history: ______________________________