

PAEDIATRIC HISTORY

Date: _____

Patient Name: _____

Date of birth: _____

Accompanied by: _____

Relationship to patient: _____

PREGNANCY AND BIRTH HISTORY:

Were there any: Illnesses during pregnancy? Yes ____ No ____
 Medications during pregnancy: No ____ _____
Was your child: Full term? Yes ____ No ____
 Low birth weight? Yes ____ No ____

MYOPIA HISTORY: The following are risk factors for development of myopia (nearsightedness). Please check any that apply

____ 1 parent with myopia ____ 2 parents with myopia ____ East Asian descent
____ Less than 1.5 hours per day outdoors (including school breaks)
____ More than 2.5 hours near activity per day (outside of in class school work)
If your child is already myopic / nearsighted, at what age did they first require correction? ____

Is there a family history of colour vision disorder? Yes ____ No ____

SCHOOL AND LEARNING HISTORY: Please check any that apply to your child

____ short attention span
____ below expected normal performance in hand-eye tasks
____ persistence of letter or number reversals past Grade 1
____ poor reading skills
____ discipline problems
____ general school performance lower than potential
____ low marks despite obvious effort and/or extra help
____ lower 1/3 of class
____ identified as learning disabled/ ADD
____ undergoing remedial instruction