BelleVue
SPECIALTY EYE CARE

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PEDIATRIC MEDICAL HISTORY

Child's Full Name: _____ Today's Date: ____/____/____
Preferred Name:_____ Date of Last Eye Exam: ____/____/____
Date of Birth: ____/____/____ Address: _____

Name(s) of Parent(s): _____ Occupation: _____
_____ Occupation: _____
Child lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Natural Parents ☐ Adoptive Parents
☐ Other _____
Home Phone: _____ Cell: _____ Work: _____
E-mail Address: _____

Name of Child's School: _____ Grade: _____
School Address: _____ Teacher: _____

Reason for Examination: _____

Were you referred to our office? ☐ Yes ☐ No
If yes, who may we thank for referring you? _____
If no, how did you hear about our office? (Choose one) ☐ Internet ☐ Phone Book ☐ Sign
☐ Postcard ☐ Facebook ☐ Radio ☐ Other _____

Name of:
Medical Doctor: _____
Pharmacy: _____

Medical Information

Has your child ever been hospitalized? ☐ Yes ☐ No If yes, please explain: _____
_____
Is your child under a doctor's care? ☐ Yes ☐ No If yes, please explain: _____
_____
Please list all providers and therapists your child sees: _____
_____

Were there any problems:
During Pregnancy? ☐ Yes ☐ No At Delivery? ☐ Yes ☐ No
During Labor? ☐ Yes ☐ No Immediately following birth? ☐ Yes ☐ No
If yes, please explain: _____
_____

Your child was delivered: ☐ On time ☐ Early ☐ Late
Delivery was: ☐ Normal ☐ C-Section
Birth weight: _____lbs. _____oz. Apgar scores (if known) _____ _____

Does your child have a history of allergies? ☐ Yes ☐ No
If yes, please explain: _____

Does your child have a history of ear infections? ☐ Yes ☐ No
If yes, please explain: _____

Any complications with chicken pox, mumps, or measles? ☐ Yes ☐ No
If yes, please explain: _____

Any other illnesses with very high fever (temperature of 104° or more)? ☐ Yes ☐ No
If yes, please explain: _____

School Information

Date entered kindergarten: _____ (mo.) _____ (yr.) Age: _____
Date entered first grade: _____ (mo.) _____ (yr.) Age: _____

Does your child enjoy school? ☐ Yes ☐ No

Is school attendance regular? ☐ Yes ☐ No If no, why? _____

_____

Has your child ever repeated any grade? ☐ Yes ☐ No

Easiest subject: _____ Hardest subject: _____

Has your child ever been given remedial work? ☐ Yes ☐ No
If yes, when?_____ In what subject? _____ By whom? _____

Has your child changed schools or teachers? ☐ Yes ☐ No
If yes, how often?_____ When and why? _____

Has your child ever had:

Educational testing	☐ Yes	☐ No
Psychological or Audiological testing	☐ Yes	☐ No
Medical testing (non-routine)	☐ Yes	☐ No
ADD/ADHD testing	☐ Yes	☐ No
Dyslexia testing	☐ Yes	☐ No

If yes, when? _____ Please explain: _____

_____

Is your child receiving any special education services? ☐ Yes ☐ No
If yes, what service? _____