Name:
Chart:
Date:

DELAWARE OPHTHALMOLOGY CONSULTANTS

Pediatric Medical History

DOB:
Date of Exam:

1. What is the reason for today's visit?

2. Who is your primary care physician? 3. Did he/she refer you here? Yes ☐ No ☐

4. Please check either yes or no for each of the following questions:

► *History of Eye Problems:* Has the patient had any of the following?

Yes	No		Age	Yes	No		Age
☐	☐	Eye Exam		☐	☐	Eye Injury	
☐	☐	Glasses		☐	☐	Eye Surgery	
☐	☐	Patching		☐	☐	Other Eye Problems	

Explanations:

► *Birth History:*

Birth Weight _____lb., _____oz

If prematurely born, how many weeks early? _____

Yes	No		Yes	No	
☐	☐	Problems during pregnancy	☐	☐	Delivered more than 2 weeks early or late
☐	☐	Problems during delivery or forceps delivery	☐	☐	Baby kept in hospital due to illness
☐	☐	Cesarean section	☐	☐	delayed development

Explanations:

► *Recent Symptoms:*

Yes	No		How Long?	Yes	No		HowLong?
☐	☐	Crossed or wondering eye		☐	☐	Frequent headaches	
☐	☐	Excessive squinting		☐	☐	Red eye(s)	
☐	☐	Double vision		☐	☐	Weakness or numbness	
☐	☐	Excessive eye rubbing		☐	☐	Clumsiness or bumping into things	
☐	☐	Frequent tearing/discharge		☐	☐	Can't make normal eye contact	
☐	☐	Blurred vision		☐	☐	Change in performance in school	
☐	☐	Light sensitivity		☐	☐	Other Symptoms not mentioned above	

► *Other Medical Problems:* (Medical History and Review of Symptoms)

Yes	No		Yes	No	
☐	☐	Fever or weight loss	☐	☐	Skin rash
☐	☐	Frequent ear infections	☐	☐	Neurologic problems
☐	☐	Other ear, nose, and throat problems	☐	☐	Mental illness
☐	☐	Heart Problems	☐	☐	Sickle cell disease
☐	☐	Lung Disease	☐	☐	Missing immunizations
☐	☐	Kidney or urinary disease	☐	☐	Environmental Diseases
☐	☐	Arthritis			

5. List any previous surgery, hospitalizations, major illnesses, or injuries (other than eye problems):

6. List any previous medications the patient is taking, including eye drops:

7. List any allergies to medications:

8. *Family History: Have any of* the patient's relatives had any of the following?

Yes	No		Yes	No	
☐	☐	Blindness	☐	☐	Cataracts in childhood
☐	☐	Amblyopia (lazy eye)	☐	☐	Glaucoma in childhood
☐	☐	Patching treatment	☐	☐	Other serious eye disease
☐	☐	Strabismus (crossed eye)	☐	☐	Complications from anesthesia
☐	☐	Eye muscle surgery	☐	☐	Genetic disease (runs in the family)
☐	☐	Glasses before age 6	☐	☐	Other serious illness
☐	☐	Are both parents alive and in good health?			

Signature of person completing form and relationship to child