

Pediatric Ophthalmology and Strabismus – Patient Questionnaire

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

Recent Symptoms:

Yes	No		How Long?	Yes	No		How Long?
		Failed Vision Test				Eye Rubbing	
		Wandering or turned eye				Frequent Blinking	
		Blurred Vision				Light Sensitivity	
		Can't make normal eye contact				Problems with near work or reading	
		Poor Eye Tracking				Poor Judgment of depth	
		Tearing or Discharge				Headaches	
		Red or Swollen Eye				Double Vision	
		Droopy Eyelid				Other Symptoms	

History of Eye Problems:

Yes	No		Age	Yes	No		Age
		Glasses				Eye Injury	
		Patching				Eye Surgery	
		Glaucoma				Other Eye Problems	

Medications the patient is taking (including eye drops):

Drug Allergies:

Birth History and Other Medical Problems (Review of Systems)

* **Birth weight:** _____ lb. _____ oz.

(if "yes," what was the problem?)

Yes	No		Yes	No	
		Problems during pregnancy			Hospitalization
		Problems during delivery or forceps used			Previous surgery (other than eye)
		Birth more than 2 weeks early (when?)			Injuries (other than eye)
		Baby kept in hospital due to illness			Allergies (list)
		Delayed development			Fever or weight loss
		Learning disability or attention disorder			Ear, nose, or throat problems
		Down Syndrome			Heart problems
		Cerebral palsy or brain injury			Lung disease
		Seizure disorder			Kidney or urinary disease
		Hydrocephalus (shunt?)			Arthritis or joint problem
		Brain tumor			Cancer or tumor (other than brain)
		CT/MRI scan (when?)			Skin rash
		Craniofacial abnormality			Blood disease
		Chromosome or genetic disorder			Other

Please list any details for anything marked "Yes" above:

Reviewed by initial/date:

Family History: Which of the patient's blood relatives have had any of the following?
 (if "yes," which relative, e.g. father, mother, uncle, aunt, cousin, siblings, grandmother/father)

Yes	No		Yes	No	
		Blindness			Cataracts in childhood
		Lazy eye (amblyopia)			Glaucoma in childhood
		Crossed or wiggly eye (strabismus or nystagmus)			Other serious eye disease
		Glasses before age 6			Genetic disease (runs in family)
		Other serious illnesses			Are both parents alive and in good health?

Detailed information of any "Yes" marked above and any other family history you feel may be of importance:

Please sign and date below to show that you have received a copy of our **Notice of Privacy Practices**.

 Signature

 Date

Reviewed by initial/date:
