10600 Old County Road 15
Plymouth, MN 55441
(763) 545-8850
18157 Carson Court Suite C
Elk River, MN 55330
(763) 441-0205

Pediatric History Form (Ages 5 and Under)

Preferred first name: ______________________________ DOB: ____/____/________ Male: ____ Female: ____

Parent(s) / Guardian(s) _______________________________Grade and School: ____________________________

Activities or sports: ________________________________Time spent on electronic devices: _______ hours/day

Child's doctor/clinic: ____ Last Medical Exam: ____/____/_____

Main concern for today's visit: ____

Eye History:

Have you ever noticed any of the following with your child's eyes (Please check all that apply)?

White appearance in pupil: No ______ Yes ______, Right / Left / Both
Eye(s) turn (in or out): No ______ Yes ______, Right / Left / Both
Rubbing of eyes: No ______ Yes ______, Right / Left / Both
Watery eyes: No ______ Yes ______, Right / Left / Both
Red eyes: No ______ Yes ______, Right / Left / Both

Other: ____
____

Developmental and Health History:

Please list any complications/issues during pregnancy: ____
____

Please list any medical conditions: ____
____

Please list any abnormal childhood illnesses: ____
____

Please list any accidents, eye or head injuries: ____
____

Please list any medications, vitamins, or supplements: ____
____

Please list any food or drug allergies: ____
____

Please list any developmental delays or concerns: ____
____

Please fill out the back page

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Family History:

Do any family members:

Wear glasses / contacts? ____ No ____Yes, Whom? ____

Have a lazy eye (amblyopia)? ____ No ____Yes, Whom? ____

Have an eye turn (strabismus)? ____ No ____Yes, Whom? ____

Have an eye disease? ____ No ____Yes, Whom? ____

Please list any family members with any other eye problems: ____

____

I acknowledge that this information is accurate to the extent that I can be certain and will disclose additional information as necessary. This information can only be used in the management of my child's eyes and vision.

Parent/Guardian signature: ________________________________ Date: _____/_____/_______

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Parent/Guardian signature: ________________________________ Date: _____/_____/_______

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