



Child's Name \_\_\_\_\_ Chart # \_\_\_\_\_

Please check yes or no. DO NOT LEAVE ANYTHING BLANK.

REVIEW OF SYSTEMS		Yes	No			Yes	No
<b>General</b>				<b>Heart/Vessels</b>			
	Fever				Chest Pain		
	Weight loss				Palpitations		
<b>Eyes</b>				<b>Lungs</b>			
	Loss of vision				Cough		
	Blurred vision				Shortness of Breath		
	Loss of side vision			<b>Skin</b>			
	Dry eyes				Rashes		
	Sandy/gritty eyes				Itching		
	Eye discharge			<b>Digestive</b>			
	Chronic eye infection				Change in bowel habits		
	Red eyes				Vomiting		
	Itching/burning eyes			<b>Urinary</b>			
	Eye pain/soreness				Change in urinary frequency		
	Foreign body in eye				Blood in urine		
	Excess tearing			<b>Musculoskeletal</b>			
	Light sensitivity				Joint pain		
	Stye				Pain on chewing		
	Floaters			<b>Neurologic</b>			
	Flashes				Headache		
<b>Ear/Nose/Throat</b>					Tingling		
	Dry mouth			<b>Emotional</b>			
	Sinus congestion				Depressed mood		
					Anxiety		

**FAMILY HISTORY** (please check below) M = Mother F = Father S = Sister B = Brother GP - Grandparent

DISEASE	YES	NO	RELATIONSHIP TO PATIENT	YES	NO
Blindness			Hearing Deficiencies		
Color Blindness			Speech Deficiencies		
Childhood Cataract			Emotional Difficulty		
Glaucoma			Behavioral Difficulty		
Arthritis			Attention Deficit Disorder		
Cancer			Delayed Growth		
Diabetes			Developmental Delay		
Heart disease			Dyslexia		
Thyroid disease			Autism		
Lupus					
AIDS					
Alcoholism					
Glasses					
Strabismus (Crossed Eyes)					
Amblyopia (Lazy Eye)					
Contact Lenses					

Are You or your Child at Risk for AIDS or other STDs? \_\_\_\_\_

Has Your Child Ever Had a Blood Transfusion? \_\_\_\_\_

Did Your Child Have Any Eye Problems at Birth? \_\_\_\_\_

Are you Aware of Complications During Delivery? \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Your Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Are You the Child's Natural Biological Parent? \_\_\_\_\_

Are You the Child's Legal Guardian? \_\_\_\_\_ If Not, What is Your Role? \_\_\_\_\_