University Eye Center
FERRIS STATE UNIVERSITY

Name: (*Last, First, M.I.*)	Nickname	Birthdate	Today's Date

In order for us to provide the highest quality of eye care possible, we ask for you to provide important information about your child's medical, visual, and developmental history. Please complete the standard UEC Patient Health Information form along with this

Supplemental Pediatric Health Information Form

Legal Guardian _____ Relationship to Patient _____
☐ Biological ☐ Legal Guardian

Contact Numbers Hm _____ Wk _____ Cell _____

Other Parent's Name _____ Relationship to Patient _____
☐ Biological ☐ Legal Guardian

Contact Numbers Hm _____ Wk _____ Cell _____

REASON FOR EYE APPOINTMENT

☐ Blurry Vision ☐ Failed Vision Screening ☐ Well Vision Check-Up
☐ Tired Sore Eyes ☐ Headaches ☐ Light / Glare Sensitivity
☐ Lazy Eye / Amblyopia ☐ Eye Turn ☐ Double Vision
☐ Trouble in School ☐ Attention Problems ☐ Learning / Reading Difficulty (reversals)
☐ Eye Pain / Irritation ☐ Red Eyes ☐ Tearing
☐ Eye Injury ☐ Replacement of Glasses / Contact Lenses

FAMILY MEDICAL HISTORY

☐ Blindness ☐ Learning Disabilities ☐ Color Vision Defects ☐ Genetic Disease

DEVELOPMENTAL HISTORY

Were there any problems with the pregnancy? ☐ Yes ☐ No ☐ Unknown

If yes: ☐ low birth weight ☐ prematurity ☐ maternal diabetes or high blood pressure
☐ other _____

Is patient up-to-date on Immunizations? ☐ Yes ☐ No

Has the patient met typical developmental milestones? ☐ Yes ☐ No **If No, please check delays below:**

☐ Head control – 4-6 mos ☐ Sitting Up – 6 mos ☐ Combines 2 words – 21 mos
☐ Rolled over – 4-5 mos ☐ Walking well – 13 mos ☐ Speech ½ understandable – 24 mos
☐ Kicks Ball – 21 mos ☐ Thumb-Finger Grasp – 9 mos ☐ Feeds Self – 5-6 mos

Name of School _____ Grade _____ Teacher _____

How is patient doing in school? _____

_____

Any special academic tests or treatment?

☐ IEP Testing ☐ Speech Therapy ☐ Occupational Therapy
☐ Physical Therapy ☐ ADD/ADHD Therapy ☐ Other_____

Please list your child's typical recreational activities. Do they wear eye protection? ☐ Yes ☐ No

_____

_____

_____

Were you referred to us? ☐ Yes ☐ No **If yes,** whom can we thank? _____