



Child PRE- APPOINTMENT FORM

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Full Name _____ Date _____

1) Who is accompanying the child? Name _____ Relation to child _____

2) Is this the child's first full eye exam with an eye doctor? Y/N

If not when was their last eye exam? _____

3) What is the reason for bringing your child for an eye exam?

Please check what applies & Dr. Newhouse will go into more detail with you during your appointment

- Routine check up
- Recommended by school, family doctor or someone else
- Concern with child's vision or eye movements
 - Difficulty with close up (i.e. reading books/computer/drawing)
 - Difficulty with far away (i.e. TV/board at school)
 - Difficulty with depth perception
 - Eye turn possible - all the time, or occasional?
 - Other _____

Which eye/both? _____ When was it first noted? _____

- Concern with health of their eyes
 - Red eye(s) _____
 - Pain/discomfort/itch _____
 - Other _____

Which eye/both? _____ When did it start? _____

- Needs new eyeglasses – broken/old/lost
- Other _____

4) Does your child currently, or have they ever worn eyeglasses? Y/N

5) Eye Health History: (Please check what applies to your child and/or if there is a family history of)

Family History (Y or N)

- Amblyopia (lazy eye) _____
- Strabismus (eye turn/wandering eye) _____
- Cataract _____
- Eye surgery:
Please indicate _____
- Glaucoma _____
- Keratoconus _____
- Retinitis Pigmentosa _____
- Macular Degeneration _____
- Other _____

6) Birth History: Any major problems _____
Forceps used ? Y/N

7) Any general health conditions being monitored or treated & related medication

<u>Condition</u>	<u>Medication</u> if applicable
_____	_____
_____	_____
_____	_____

Any Allergies? _____

8) Any developmental delays or learning disabilities suspected or diagnosed?

9) Any other comments or concerns?