# PAEDIATRIC HISTORY

DATE: _____

NAME: _____ DATE OF BIRTH: _____

ACCOMPANIED TO APPOINTMENT BY: _____

## HEALTH HISTORY

Were there any:

| | | |
|---|---|---|
| Illnesses during pregnancy? | No _____ | Yes _____ |
| Medications during pregnancy? | No _____ | Yes _____ |
| Was your child full term? | No _____ | Yes _____ |
| Was your child low birth weight? | No _____ | Yes _____ |
| Did the mother smoke during pregnancy? | No _____ | Yes _____ |

## SCHOOL HISTORY

It is estimated that 80% of learning comes through vision.
Please identify any problem areas for your child:

| | | |
|---|---|---|
| Short attention span | No _____ | Yes _____ |
| Below expected performance in hand-eye task | No _____ | Yes _____ |
| Persistence of reversals past grade 1 | No _____ | Yes _____ |
| Poor reading skills | No _____ | Yes _____ |
| Discipline problems | No _____ | Yes _____ |
| General school performance lower than Potential | No _____ | Yes _____ |
| Low marks despite obvious effort and or extra help | No _____ | Yes _____ |
| Lower 1/3 of class | No _____ | Yes _____ |
| Identified as learning disabled/ ADD | No _____ | Yes _____ |
| Repeated grade(s) | No _____ | Yes _____ |
| Undergoing remedial instruction | No _____ | Yes _____ |

Other: _____