



PATIENT BIRTH AND DEVELOPMENT HISTORY

To the Parent or Guardian: Information about your child's general health and development is essential in our care of your child. Please complete the questions that follow:

Patient's name: _____ School name: _____

Grade Level: _____ Form completed by: _____

Relationship to child: _____

Does the child have a hearing problem? _____ Yes _____ No

Does the child have a speech problem? _____ Yes _____ No

Is there a problem with attention or discipline? _____ Yes _____ No

Has the child ever received the following services?

Speech therapy _____ Yes _____ No If yes, please explain _____

Occupational therapy _____ Yes _____ No If yes, please explain _____

Physical therapy _____ Yes _____ No If yes, please explain _____

Developmental therapy _____ Yes _____ No If yes, please explain _____

Education: Please check any of the following that are TRUE about your child's performance:

___ School suggests testing to rule out vision problems causing academic problems

___ Errors in copying from blackboard to paper

___ Avoids near work (reading/writing), or fails to complete work in allotted time

___ Poor reading comprehension

___ Reads below grade level

___ Tilts or turns head excessively during visual tasks

___ School performance not up to potential

___ Poor handwriting/printing

___ Poor spelling ability

___ Reverses letters when reading or writing

When reading, does the child:

___ Confuse similar words

___ Use finger or marker to keep place

___ Often lose place, skip, or reread words or letters

___ Complain of blurred vision

___ Complain of headaches

___ Complain of print "running together" or "moving around"

___ Says eyes hurt, burn, or tire

Has the child had special education testing or received tutoring services? _____ Yes _____ No

Has the child had an IEP (individual education plan) established? _____ Yes _____ No

Best school subject: _____ Worst school subject: _____

Have there been consultations with doctors or specialists (ie, neurologists, psychologists) with reference to schoolwork? _____ Yes _____ No If yes, please discuss _____

Have any other family members had academic or school-related problems? _____ Yes _____ No If yes, please discuss _____