

The development of your child's vision is affected by certain illnesses, as well as the family history. This questionnaire will provide information needed to complete a visual record, and aid us in determining how your child's vision has developed.

Child's Last Name			Date		
Child's First Name			Known as		
Parent/Guardian					
Address incl p/code					
Home Phone			Mobile		
Email			Male		Female
Child's Birth Date					
School					
Medicare No			Ref		Exp
Health Ins Fund			GP Name		
Hobbies/Sports					
How did you hear about us?					
Last Visual Exam			By Whom		
Does the child see an Ophthalmologist			Name		

<b>Present Situation</b>	<b>Y</b>	<b>N</b>	<b>Developmental History</b>	<b>Y</b>	<b>N</b>
Does the child ever report:	<input type="checkbox"/>	<input type="checkbox"/>	Full term pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Normal birth	<input type="checkbox"/>	<input type="checkbox"/>
Blurred vision	<input type="checkbox"/>	<input type="checkbox"/>	Did the child crawl before walking:	<input type="checkbox"/>	<input type="checkbox"/>
Eyes "hurt" or "tired"	<input type="checkbox"/>	<input type="checkbox"/>	Crawl in any unusual way	<input type="checkbox"/>	<input type="checkbox"/>
Double vision (seeing two)	<input type="checkbox"/>	<input type="checkbox"/>	Start walking at expected age	<input type="checkbox"/>	<input type="checkbox"/>
<b>Have You Noticed</b>			Start talking at expected age	<input type="checkbox"/>	<input type="checkbox"/>
Excessive eye rubbing	<input type="checkbox"/>	<input type="checkbox"/>	Have any speech problems	<input type="checkbox"/>	<input type="checkbox"/>
Holding reading close	<input type="checkbox"/>	<input type="checkbox"/>	<b>Family History</b>		
Frowning or squinting	<input type="checkbox"/>	<input type="checkbox"/>	Any unusual eye conditions in family	<input type="checkbox"/>	<input type="checkbox"/>
Reversing words/letters/numbers	<input type="checkbox"/>	<input type="checkbox"/>	Any diabetes in the family	<input type="checkbox"/>	<input type="checkbox"/>
Confuses right and left	<input type="checkbox"/>	<input type="checkbox"/>	<b>School history</b>		
Short attention span	<input type="checkbox"/>	<input type="checkbox"/>	Does the child like to read	<input type="checkbox"/>	<input type="checkbox"/>
Bumping into objects, tripping over	<input type="checkbox"/>	<input type="checkbox"/>	Is the child's school work:		
Poor general coordination/clumsy	<input type="checkbox"/>	<input type="checkbox"/>	better than expected <input type="checkbox"/>	as expected	<input type="checkbox"/>
Closes or covers one eye	<input type="checkbox"/>	<input type="checkbox"/>	below expected <input type="checkbox"/>		
Large pupils in bright light	<input type="checkbox"/>	<input type="checkbox"/>	<b>Visual history</b>		
Untidy or crowded writing	<input type="checkbox"/>	<input type="checkbox"/>	Child's eyes ever crossed	<input type="checkbox"/>	<input type="checkbox"/>
<b>General Health</b>					
Any allergies	<input type="checkbox"/>	<input type="checkbox"/>	Any significant injuries	<input type="checkbox"/>	<input type="checkbox"/>
Past illnesses	<input type="checkbox"/>	<input type="checkbox"/>	Current medications	<input type="checkbox"/>	<input type="checkbox"/>

**YOUR PRIVACY** At Aphrodite Livanes Eyecare Plus your privacy is our priority. Your personal information that we collect and hold about you is handled with the utmost confidentiality and security and in accordance with the Privacy Act. From time to time we may send you information on education relating to eye care and diseases, promotional offers and our practice newsletter.

Name:

When completed, send form to:  
[alo@livanes.com.au](mailto:alo@livanes.com.au)