

# CHILD HISTORY QUESTIONNAIRE

*Vallejo Optometry Group*

*Bach-Kim Nguyen, O.D. & Associates*

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Parents or (Responsible party): \_\_\_\_\_

Responsible party address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Current employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Child's school name: \_\_\_\_\_ Grade: \_\_\_\_\_

Favorite activities, pastimes, hobbies: \_\_\_\_\_

Is he/she having any problems with eye health or vision? \_\_\_\_\_

\_\_\_\_\_

If he/she wears glasses or contact lenses, is he/she happy with them? Yes \_\_\_\_\_ No \_\_\_\_\_

Have there been any significant health changes or concerns recently? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Is he/she allergic to any medication? \_\_\_\_\_

Name of medications he/she is taking: \_\_\_\_\_

Whom may we thank for referring your child to us? \_\_\_\_\_

Please feel free to list any additional concerns and comments: \_\_\_\_\_

\_\_\_\_\_