Central Illinois Eyecare, LLC
--------------------------Drs. Norell, Willenbring & Mahaffey--------------------------
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Child's Expanded History Questionnaire (School Age)

(Please fill out all that apply to your child's age)

Patient's Name ______________________________ Date: ____________

School: ______________________________ Grade: ________ Date of Birth: ____________

Name of Parent or Guardian: ______________________________

Primary Care Doctor: ______________________________

Has your child been diagnosed with or suspected of having any of the following conditions? (If yes, check the appropriate box)

Allergies	☐	Head Trauma	☐	Epilepsy or Seizures	☐
Developmental Disorder	☐	Asthma	☐	Hyperactivity	☐
Learning Disability	☐	Trauma at Birth	☐	Frequent Ear Infections	☐

Please circle Yes or No for any of the following behaviors that have been noticed:

Eye Turn	Yes	No	Letter or Number Reversals	Yes	No
Squinting	Yes	No	Frowning or Blinking	Yes	No
Rubs Eyes	Yes	No	Loss of place when reading	Yes	No
Covers one eye	Yes	No	Abnormal Head Posture	Yes	No
Short attention span	Yes	No	Uses finger as a marker	Yes	No
Words "run together"	Yes	No	Poor spacing	Yes	No
Poor Comprehension	Yes	No	Difficulty writing on the line	Yes	No
Lack of concentration	Yes	No	Skips words or rereads	Yes	No
Unusual pencil grip	Yes	No	Close working distance	Yes	No
Frequent Headaches	Yes	No	Difficulty catching a ball	Yes	No

Child's age upon entrance into Kindergarten: ________ Has a grade been repeated? ________
Are you concerned about your child's school performance? ________. Is the school? ________

In your opinion, how is your child's performance in the following?

	Good	Average	Poor		Good	Average	Poor
Reading	☐	☐	☐	Spelling	☐	☐	☐
Writing	☐	☐	☐	Math	☐	☐	☐

Has your child been enrolled in extra classes?	**Yes**	**No**
Has your child received special tutoring outside of school?	**Yes**	**No**
Has your child received special testing?	**Yes**	**No**
Has your child had any previous vision care?	**Yes**	**No**

Please describe any difficulty your child had in learning motor skills (walking, skipping) or language skills: