PEDIATRIC OPHTHALMOLOGY & STRABISMUS, INC
124 Graham Park Drive, Suite 300
Cranberry Township, PA 16066
PH: (724)772-3388 FAX: (724)772-7021

Patient Number:
Date: Name: Gender: Age: Date of Birth:

Family Eye History

Does the patient, or anyone that is related to the patient by blood, have:

	No	Yes	Tell who has the problem, and explain the problem
Eye turn			
Amblyopia (lazy eye)			
Nystagmus (dancing eyes)			
Eye disease			
Poor vision even with glasses			
Brain or learning problem			

Social History

Who does the patient live with? ☐ natural parent ☐ adoptive parent ☐ legal guardian ☐ foster parent
☐ Other, please explain relationship to patient:______________________

Are there smokers in the home? ☐ No ☐Yes
Are there pets in the home? ☐ No ☐ Yes

If patient is 11 years or older, does the patient use tobacco? ☐ No ☐ Yes How much?________
If patient is 11 years or older, does the patient drink alcohol? ☐ No ☐ Yes How much?________
If patient is 11 years or older, does the patient use recreational drugs? ☐ No ☐ Yes How much?________

Review of Systems Does the patient have:

	No	Yes	Describe the Problem
Fever/Weight Loss			
Hearing Problems			
Ears/nose/throat Problems			
Eye/vision Problems			
Heart Problems			
High Blood Pressure			
Lung Problems			
Asthma			
Allergies			
Stomach Problems			
Urinary Problems			
Muscle or Bone			
Nervous Problems			
Behavior Problems			
Diabetes			
Thyroid Problems			
Skin Problems			
Blood Problems			
Cancer			
Birth Defects			
Other			

REVISED 10/1/2012

OFFICE USE ONLY:

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