

Boyce Family Eye Care, Ltd.

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Boyce Family
Eye Care, LTD.

To be completed for school-aged children only.

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?

	Yes	No	If yes, please explain
Speech therapy	_____	_____	_____
Occupational therapy	_____	_____	_____
Physical therapy	_____	_____	_____
Developmental therapy	_____	_____	_____

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"

_____ Say 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

Strongest school subject: _____ Weakest school subject: _____

Have there been consultations with doctors or specialists (e.g., 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. _____