



**OUTREACH
VISION**

THE MISSING
KEY TO MAXIMUM
PERFORMANCE

EXTENDED HISTORY FORM – STUDENT / CHILD

Name: _____ Date: _____

RESPONSIBLE PERSON(S) INFORMATION

Mother's Name: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Father's Name: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

PRESENT SITUATION

Who referred you to our office? _____

Chief Complaint/Reason for the Visit: _____

At which age did you notice the problem? _____

Has there been any previous treatment? _____

Date of last eye examination: _____ Doctor: _____

SCHOOL HISTORY

Is your child home schooled? Yes ___ No ___

Name of School: _____ Grade: _____

Teacher: _____ Email: _____

Has your child repeated a grade? Yes ___ No ___ If yes, which grade? _____

Does your child like school? Yes ___ No ___

Does your child like his / her teacher? Yes ___ No ___

Is your child's school work: Above Average ___ Average ___ Below Average ___

Which classes are at or above grade level? Language Arts ___ Math ___ Music ___ PE ___ Science ___

Social Studies ___ None ___

Which classes are at or below grade level? Language Arts ___ Math ___ Music ___ PE ___ Science ___
Social Studies ___ None ___

Does your child like to read? Yes ___ No ___

Does your child prefer to be read to rather than reading on his / her own? Yes ___ No ___

Do you feel your child is working up to his / her full potential? Yes ___ No ___

Does your child attend any special classes? Yes ___ No ___ If yes, please describe:

Does your child have an IEP? Yes ___ No ___ If yes, what accommodations are recommended?

Has your child been diagnosed with: Dyslexia ___ ADD/ADHD ___ Behavioral Issues ___

ADDITIONAL TESTING HISTORY

Educational: Yes ___ No ___ If yes, what were the results? _____

Hearing: Yes ___ No ___ If yes, what were the results? _____

Neurological: Yes ___ No ___ If yes, what were the results? _____

Psychological: Yes ___ No ___ If yes, what were the results? _____

Speech: Yes ___ No ___ If yes, what were the results? _____

OT/PT: Yes ___ No ___ If yes, what were the results? _____

MEDICAL HISTORY

Primary Care Doctor: _____

Street Address _____ City _____ State ___ Zip Code _____

Last Visit Date: _____ Reason for Visit: _____

Has your child been diagnosed with or treated for any health problems? If yes, please describe:

Is your child taking any medications? Yes ___ No ___ If yes, which medications and what dosage?

Does your child have any known allergies? Yes ___ No ___ If yes, please describe:

DEVELOPMENTAL HISTORY

Was your child adopted? Yes ☐ No ☐

Was your child: Full Term ☐ Premature (under 37 weeks) ☐ Birth Weight: _____ lbs _____ oz

Were there complications at birth? Toxemia ☐ Pre-eclampsia ☐ Trauma ☐ Alcohol or Drug Use ☐

Severe Illness ☐ C-section ☐ If yes to any, please explain:

Did your child crawl? Yes ☐ No ☐ If yes, at what age? _____ For how long? _____

Did your child walk: Early (before 11 months) ☐ On Time ☐ Late (after 14 months) ☐

Did your child move any other way other than crawl or walk? _____

Are your child's gross motor skills: Normal ☐ Below Normal ☐

Are your child's fine motor skills: Normal ☐ Below Normal ☐

Which hand is your child's dominant hand? Right ☐ Left ☐

At what rate did your child's speech develop? Normal (before 18 months) ☐ Delayed (after 18 months) ☐

HEAD INJURY HISTORY

Has your child had any kind of head injury? Yes ☐ No ☐ If Yes, please describe:

ACTIVITIES (Check the sports or athletic activities your child actively participates in)

Archery ☐ Baseball ☐ Basketball ☐ Cheerleading ☐ Equestrian ☐ Football ☐ Golf ☐ Gymnastics ☐
Ice Hockey ☐ Lacrosse ☐ Martial Arts ☐ Skating ☐ Skiing ☐ Soccer ☐ Softball ☐ Swimming ☐
Tennis ☐ Track and Field ☐ Volleyball ☐ Wrestling ☐

Which adjectives best describe your child's personality?

Adaptable ☐ Calm ☐ Careful ☐ Compassionate ☐ Competitive ☐ Courageous ☐ Courteous ☐

Decisive ☐ Dedicated ☐ Driven ☐ Enthusiastic ☐ Helpful ☐ Honest ☐ Industrious ☐ Loyal ☐

Open-minded ☐ Patient ☐ Perfectionist ☐ Responsible ☐ Self-reliant ☐ Self-starter ☐ Stable ☐