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## Children's Pre-Examination Questionnaire

Child'	s Name: Birth Date	Birth Date:									
School	l Grade Teacher _	,	<del></del>								
Name	and ages of siblings		<u></u>								
Mothe	er's Occupation Father's Occupation	n	***************************************								
Whom	n may we thank for referring you?	Management with the state of th									
I.	Please state the major reason you would like this child examined:		·	····							
II.	School	(Please	(Please circle)								
	1) Does child like school?	Yes	No								
	2) Does child like teacher?	Yes	No								
	3) Is school satisfied with child's performance?	Yes	No								
	4) Are you satisfied with child's school performance?	Yes	No								
	5) Has a grade been repeated?	Yes	No								
III.	Developmental										
	A. Has your child had										
	1) Any severe childhood illness such as high fever, injury, or physical/mental impairment?	Yes	No								
	B. Were there any birth complications or difficult pregnancy?	Yes	No								
	C. At what age in years and months did the child:										
	Speak words clearly walk unaid	ded									
	Which phrase describes the child's physical maturity? (p	olease circle)									
	1-Physically immature 2-Average physical 3-Advance for age maturity for age	ced physical maturity fo	or age								
IV.	Academics										
	A. Rate the child's progress in the following subjects:  1 - Below average 2 - Average 3 - Advance	ed									
	Reading Spelling W	riting		_ Arithmetic							
	B. Has there been any intervention (therapy, special programs)										
	for a learning problem?	Yes	No								

E. Has t Release	he child p	oreviously taken  mation: ould like a copy ts.	purpose for each: medications for hy of exam results to	peractivity?	rese provide nam	
E. Has t	Medication  the child property of information in the child property in the child propert	oreviously taken  nation: ould like a copy	purpose for each:	peractivity?	Yes	_ No
	Medicati	ions, dosage and	purpose for each:			
D. Is the			•		No	If yes, please list
D. Is the	e child cu	rrently taking an	y medications? Ye	es	No	If yes, please list
						~~
C. Does	the child	have any allergi	ies? Yes	No	If yes,	please explain:
D. Has t		_	•			
р Цест						
A. Has						
		•				
			ers in reading and/o	r writing		
Difficulty completing school work			Confusion with verbal instructions			
Variable school performance			Behavior fluctuations or problems			
Rubs E	yes			Но	olds book close	er for reading
Awkward or clumsy			Poor ability to organize work			
Poor pe	er relatio	nships		Inc	distinct speech	1
Easily frustrated		Emotional problems				
Hypera	ctive			Sh	ort attention s	pan
1-Alway	ys	2-Frequently	3-Occasionally	4-Rarely	5-Never	6-Unknown
	Hypera Easily: Poor po Awkwa Rubs E Variabi Difficu Revers Medica A. Has	Please radescribes 1-Always Hyperactive Easily frustrated Poor peer relation Awkward or clust Rubs Eyes Variable school p Difficulty complet Reverses letters, Medical/Visual I A. Has child rece Results: B. Has the child results: C. Does the child	Please rate this child on describes the child's school requestive  1-Always 2-Frequently  Hyperactive  Easily frustrated  Poor peer relationships  Awkward or clumsy  Rubs Eyes  Variable school performance  Difficulty completing school work  Reverses letters, words or number  Medical/Visual History  A. Has child received a hearing to Results:  B. Has the child received a completion received received a completion received rece	Please rate this child on the following items describes the child's school or home behavioral describes described and describes described and described described and described described and described de	Please rate this child on the following items. Place a number describes the child's school or home behavior.  1-Always 2-Frequently 3-Occasionally 4-Rarely  Hyperactive Sh  Easily frustrated En  Poor peer relationships Inc  Awkward or clumsy Po  Rubs Eyes Ho  Variable school performance Be  Difficulty completing school work Co  Reverses letters, words or numbers in reading and/or writing  Medical/Visual History  A. Has child received a hearing test? Yes No  Results:  B. Has the child received a complete eye examination? Yes Results:  C. Does the child have any allergies? Yes No  C. Does the child have any allergies? Yes No  C. Does the child have any allergies? Yes No  C. Does the child have any allergies? Yes No  C. Does the child have any allergies? Yes No  C. Does the child have any allergies? Yes No  C. Does the child have any allergies? Yes No  C. Does the child have any allergies? Yes No  C. Does the child have any allergies? Yes No  C. Does the child have any allergies? Yes No  C. Does the child have any allergies? Yes No  C. Does the child have any allergies? Yes No  C. Does the child have any allergies? Yes No	Please rate this child on the following items. Place a number in the bladescribes the child's school or home behavior.  1-Always 2-Frequently 3-Occasionally 4-Rarely 5-Never  Hyperactive Short attention s  Easily frustrated Emotional problem Indistinct speech  Awkward or clumsy Poor ability to or  Rubs Eyes Holds book close Variable school performance Behavior fluctuation s  Confusion with severses letters, words or numbers in reading and/or writing

Additional comments: