



Hopping Eye Associates, Ltd., LLP
1234 Bay Area Blvd., Suite E
Houston, Texas 77058
(281) 488-2020 FAX (281) 488-2009

Children's Pre-Examination Questionnaire

Child's Name: _____ Birth Date: _____

School _____ Grade _____ Teacher _____

Name and ages of siblings _____

Mother's Occupation _____ Father's Occupation _____

Whom may we thank for referring you? _____

I. Please state the major reason you would like this child examined: _____

II. School (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
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C. At what age in years and months did the child:

Speak words clearly _____ walk unaided _____

Which phrase describes the child's physical maturity? (please circle)

1-Physically immature for age 2-Average physical maturity for age 3-Advanced physical maturity for age

IV. Academics

A. Rate the child's progress in the following subjects:

1 - Below average 2 - Average 3 - Advanced

_____ Reading _____ Spelling _____ Writing _____ Arithmetic

B. Has there been any intervention (therapy, special programs) for a learning problem?	Yes	No
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V. Behavior

Please rate this child on the following items. Place a number in the blank to the left of the item which describes the child's school or home behavior.

1-Always 2-Frequently 3-Occasionally 4-Rarely 5-Never 6-Unknown

- | | |
|--|--|
| _____ Hyperactive | _____ Short attention span |
| _____ Easily frustrated | _____ Emotional problems |
| _____ Poor peer relationships | _____ Indistinct speech |
| _____ Awkward or clumsy | _____ Poor ability to organize work |
| _____ Rubs Eyes | _____ Holds book closer for reading |
| _____ Variable school performance | _____ Behavior fluctuations or problems |
| _____ Difficulty completing school work | _____ Confusion with verbal instructions |
| _____ Reverses letters, words or numbers in reading and/or writing | |

VI. Medical/Visual History

A. Has child received a hearing test? Yes _____ No _____ Date: _____

Results: _____

B. Has the child received a complete eye examination? Yes _____ No _____ Date: _____

Results: _____

C. Does the child have any allergies? Yes _____ No _____ If yes, please explain: _____

D. Is the child currently taking any medications? Yes _____ No _____ If yes, please list

Medications, dosage and purpose for each: _____

E. Has the child previously taken medications for hyperactivity? Yes _____ No _____

VII. Release of information:

If you would like a copy of exam results to be sent, please provide name and address in additional comments.

Signature of Parent/Guardian _____ Date _____

Relation to child _____

Additional comments: