PEDIATRIC PATIENT INFORMATION

Exam Date	
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Lawrence S. Turtel, MD and Ilene B. Pardon, MD

Birth date
Home Address
Home Tel. # Cell Phone # Soc. Sec. #
Father's Name Soc. Sec. # Soc. Sec. # Employer Employer Employer Work phone ()
Soc. Sec. # Employer
Soc. Sec. # Employer
Employer Work phone () Primary Language: English Other Race Ethnicity Decline Info Person with child today: Mother Father Bro/Sister Guardian Other Is the patient adopted? Yes No Emergency contact person Telephone () Primary Insurance Co. ID # Group # Subscriber's Last Name First Name Birth date Subscriber's Social Security # Relationship to Insured Secondary Insurance Co. Secondary Insurance Co. Subscriber's Social Security # Relationship to Insured Motor Vehicle Accident, If Yes, Insurance Referring Doc (if different): Reason for visit Reason for visit Right Eye Left Eye Both How long? Previous Eye Care Child's Medical History Glasses Asthma Developmental Delay Glaucoma Contact Lenses Abunden Down Syndrome Glasy" Eye Referring Down Syndrome High Myopia
Work phone
Emergency contact person
Secondary Insurance Co.
Secondary Insurance Co.
Subscriber's Last Name First Name Birth date Subscriber's Social Security # Relationship to Insured Secondary Insurance Co. ID # Group # Subscriber's Last Name First Name Birth date Subscriber's Social Security # Relationship to Insured Relationship to Insured Motor Vehicle Accident, If Yes, Insurance Claim # Pediatrician: Referring Doc (if different): Reason for visit Reason for visit Referring Doc (if different): Previous Eye Care Child's Medical History Family History Glaucoma Glaucoma
Secondary Insurance Co.
Secondary Insurance Co.
Motor Vehicle Accident, If Yes, Insurance
Reason for visit Referring Doc (if different): Family History Glaucoma Glaucoma Glaucoma Contact Lenses ADD/ADHD Diabetes Crossed/Turned Eye Patching Autism Down Syndrome "Lazy" Eye High Myopia
Reason for visit Right Eye Left Eye Both How long? Previous Eye Care Child's Medical History Family History Glasses Gasthma Developmental Delay Glaucoma Contact Lenses GADD/ADHD Diabetes Grossed/Turned Eye Patching Autism Down Syndrome "Lazy" Eye Eye Surgery Cerebral Palsy None High Myopia
☐ Right Eye ☐ Left Eye ☐ Both How long? ☐ Previous Eye Care Child's Medical History Family History ☐ Glasses ☐ Asthma ☐ Developmental Delay ☐ Glaucoma ☐ Contact Lenses ☐ ADD/ADHD ☐ Diabetes ☐ Crossed/Turned Eye ☐ Patching ☐ Autism ☐ Down Syndrome ☐ "Lazy" Eye ☐ Eye Surgery ☐ Cerebral Palsy ☐ None ☐ High Myopia
Previous Eye Care Child's Medical History Family History □ Glasses □ Asthma □ Developmental Delay □ Glaucoma □ Contact Lenses □ ADD/ADHD □ Diabetes □ Crossed/Turned Eye □ Patching □ Autism □ Down Syndrome □ "Lazy" Eye □ Eye Surgery □ Cerebral Palsy □ None □ High Myopia
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□ Patching□ Autism□ Down Syndrome□ "Lazy" Eye□ High Myopia
☐ Eye Surgery ☐ Cerebral Palsy ☐ None ☐ High Myopia
, , , , , , , , , , , , , , , , , , , ,
□ None □ Decreased Vision
☐ Migraine
□ None
Other:
□ Prematurity, if yes, Birth Weight Weeks Gestation
Current Medications:
Current Eye Drops
Drug Allergy:
Preferred Pharmacy Name and address
SIGNATURE Date