

Child and Family Vision History and Risk Assessment Questionnaire

Child's Name: _____ Parent/Caregiver Name: _____

Age/DOB: _____ Date: _____

Risk Assessment questions are for the initial visit for all children under 3 years of age. Note any changes to Child and Family Vision History and surveillance questions at every subsequent visit.

Child and Family Vision History (Circle Yes or No as indicated)	YES	NO
Has your child ever been diagnosed with an eye condition, developmental delay, seizure disorder, syndrome, genetic, metabolic disorder, or any systemic disease associated with eye abnormalities? *	YES	NO
Child's parents or siblings had eye/vision problems that required treatment at an early age (before age six years) such as amblyopia, cataracts, eye cancer or wearing glasses? **	YES	NO
Was your child born before 32 weeks of age?	YES	NO

Surveillance questions caregiver answers at every visit.

Description: Circle Yes or No in the appropriate box as it applies to your child	YES	NO
Do caregiver or teacher have any concerns about child's eye(s) or vision? **	YES	NO
Have you noticed the child has any of the following behaviors? *** <ul style="list-style-type: none"> ▪ Any problems or change in the eyes: whites, pupils, lids, lashes, or the area around the eyes? ▪ Abnormal sensitivity to light? ▪ Frequent headaches? ▪ Turning of one eye in or out? ▪ Frequent eye rubbing, blinking? ▪ Unusual eye watering or discharge? ▪ Poor eye contact? ▪ Covering or closing of one eye when looking at an object? ▪ Abnormal head posture such as tilting the head to one side or moving forward or backward when viewing an item of interest? ▪ Placing the head close to an item of interest? ▪ Inaccuracy in reaching for objects? 	YES	NO
If yes to any of the above questions, please explain:		

* Providers: Refer to detailed list if needed [Diseases and Conditions Associated with Vision and Eye Abnormalities \(www.health.state.mn.us/docs/people/childrenyouth/ctc/visioncreen/discondassocvsn.pdf\)](http://www.health.state.mn.us/docs/people/childrenyouth/ctc/visioncreen/discondassocvsn.pdf)

** A positive family history for eye conditions before the age of six years, positive parental or caregiver concern or a newly diagnosed condition is an indication for referral to an eye care professional.

*** Parental/ caregiver concern about specific behaviors may indicate a need for referral to an eye care professional. Concerns should be assessed at every visit.

CHILD AND FAMILY VISION HISTORY AND RISK ASSESSMENT QUESTIONNAIRE

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To obtain this information in a different format, call: 651-201-3650.