



Morgantown Eye Care Center Dr. Miriam Pearson Optometrist



Pre-exam form for children

Welcome to our practice!

NAME:	
Address:	
Parents:	Phone:
	Grade:
Here are some questions	s for you or your parents to answer!
*	
Do you have insurance to help pay your bill?	If so, who?
Is this your first eye exam? If not, when v	was your last exam?Were glasses prescribed?
Were visual training or eye exercises recommer	nded or performed?Were contact lenses prescribed?
Avoids Reading Hea Double VisionLose Rubbing EyesWate Excessive BlinkingEye	es Place When Reading Squinting ery/or Itchy Eyes Red or Crusty Eyes
Just a few more qu	uestions and we're finished - okay?
s school performance at expected level	
Was the child born: premate	
Vere there any complications during pro	
f so, explain:	
s the child being monitored for any hea	lth conditions?
f so, explain:	
Please list any allergies or drug sensitivi	ties
Please give any other information you the	hink may be helpful to Dr. Pearson
Sive ding office information you if	