



MYOPIA RISK FACTORS

(FOR CHILDREN AGE 3-16)



PATIENT HISTORY QUESTIONS:

1. Name _____ Date of Birth _____
2. Child's Eye Doctor _____
3. Pediatrician _____
4. Is the patient taking any vitamins or other natural supplements? If so, please list:

5. Does the patient have a vitamin D deficiency? _____
6. Has the patient EVER had an allergic reaction to Atropine? _____
7. Are there any medical preservatives that the patient is allergic to? _____
8. During a typical day, how many hours per day does the patient spend outside _____
9. How many hours per day (in or out of school), does your child usually spend on any digital device like a smartphone or computer?

10. What is your child's usual posture when reading (for example, sitting at a desk, in bed on their stomach, in bed on their back?)

11. If your child is required to do a lot of reading (more than 10 minutes at once), when do they usually do it? Morning, afternoon, night? _____
12. When your child is reading on a digital device (smartphone or computer), is the background black with white characters, or white with black characters? _____
13. What time does your child usually go to bed? _____
14. How many nights per week does your child usually go to bed at approximately the same time? _____
15. Approximate date of patient's last eye exam _____
16. If already corrected, at approximately what age did the patient first start wearing eyeglasses or contact lenses? _____

17. PARENT HISTORY QUESTIONS:

- a. Does either parent currently wear eyeglasses or contact lenses? If yes, for what?

- b. Does either parent have history of ANY eye surgery, including refractive surgery (LASIK, PRK, VISIAN, etc.)?

- c. Age parents first wore eyeglasses or contact lenses, even if part time? _____

18. SIBLING HISTORY QUESTIONS:

- a. How many siblings does the patient have? _____
- b. Have any siblings ever worn eyeglasses or contact lenses? _____
- c. Approximate age sibling(s) first wore eyeglasses or contact lenses _____

Thank you!