



405 S. 30th Street

Corner of 30th and Garfield

Laramie, WY 82070

Infant/Developmental Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Parental Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender M F

1. Reason for visit:
\_\_\_ eye turns in \_\_\_ eye turns out
\_\_\_ squinting \_\_\_ doesn't see things
\_\_\_ rubs eyes a lot \_\_\_ general check up
\_\_\_ other (please specify) \_\_\_\_\_

2. Mother's age when child was born. \_\_\_\_\_

3: Length of pregnancy. \_\_\_\_\_

4. Any complications with pregnancy? Yes No
please specify \_\_\_\_\_

5. Any medications taken during pregnancy? Yes No
please specify \_\_\_\_\_

6. Labor: \_\_\_ was \_\_\_ was not induced.

7. Labor lasted for \_\_\_ hours.

8. Delivery was: \_\_\_ natural \_\_\_ caesarian
\_\_\_ anesthetic \_\_\_ forceps

9. Any complication with delivery? Yes No
please specify \_\_\_\_\_

10. Child's birth weight. \_\_\_\_\_

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11. Do you know your child's apgar score? Yes No  
 please specify \_\_\_\_\_

12. Any complications with development following birth? Yes No  
 please specify \_\_\_\_\_

Developmental Stages

Activity	Ave. Age	Early	Late	Normal	Unsure
Eye Control	4 weeks	_____	_____	_____	_____
Head Balance	16 weeks	_____	_____	_____	_____
Hand Grasp/Manipulation	28 weeks	_____	_____	_____	_____
Sits, Creeps	40 weeks	_____	_____	_____	_____
Stands	12 months	_____	_____	_____	_____
Walks	18 months	_____	_____	_____	_____
Uses Words/Phrases	20 months	_____	_____	_____	_____
Bladder/ Bowel control	2 years	_____	_____	_____	_____
Uses sentences	3 years	_____	_____	_____	_____
Understands numbers	4 years	_____	_____	_____	_____

Has rate of learning been : fast average slow

Family History: Please check all that might apply.

	Near-Sighted	Far-Sighted	Astigmatism	Lazy Eye	Turned Eye
Mother	_____	_____	_____	_____	_____
Father	_____	_____	_____	_____	_____
Brother	_____	_____	_____	_____	_____
Sister	_____	_____	_____	_____	_____

Child's Pediatrician: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_