CHILD'S NAME			
SEX DATE OF BIRTHBIRT	TH WEIGHT		
WHAT WAS THE EXPECTED DATE OF BIRTH?			1
PARENT'S NAMES			
ADDRESS		,	
CITYSTATE			
HOME PHONECOUNTY_			Period de la constanta de la c
MOTHER'S OFFICE PHONE	_ CELL PHONE		*
MOTHER'S EMAIL			
FATHER'S OFFICE PHONE	_ CELL PHONE_		
FATHER'S EMAIL			
WHO REFERRED YOUR CHILD TO THE RETINA FOUNDATION			
WOULD YOU LIKE TO RECEIVE OUR NEWSLETTER?	YES	NO	
BY US MAIL EMAIL			
If you know what your child's eye problem is, please describe it briefly	y here:		
How old was your child when you first noticed the eye problem?			And the state of t
How old was your child when he/she first saw an ophthalmologist?			
Has your child had any treatment? Circle all that apply:			** - Transport de la company d
Glasses Patching Surgery Medication			**************************************
Other (please describe):			
Do any other family members have eye problems? Did your child experience any problems at the time of birth? If YES, please describe:	Yes Yes	No No	
Does your child have any developmental delays? Does your child have any other medical conditions? If YES, please describe:	Yes Yes	No No	

Child's Name (Nombre del niño)
Date (Fecha)
Patient. Number
Since we receive funding from the National Institutes of Health, we are required to gather information about <u>your child's</u> gender, ethnicity, and race. Please take a moment to check off the boxes that apply:
Siendo que recibimos becas del Instituto Nacional de Salud, se nos requiere que obtengamos información sobre el sexo, la pertenencia étnica, y la raza <u>de su niño</u> . Favor de tomar un momento para marcar las cajitas que aplican <u>a su niño</u> .
Gender (Sexo)
male (masculino)
female (feminino)
Ethnicity (Pertenencia Étnica)
Hispanic or Latino (Hispano ó Latino)
Not Hispanic or Latino (no Hispano ó Latino)
Race (Raza)
American Indian/Alaskan Native (Indio Americano/Persona Nativa de Alaska)
Asian (Asiático)
Native Hawaiian or Pacific Islander (Persona Nativa de Hawaii ó las Islas Pacíficas)
Black or African American (Americano Africano)
☐ White (Blanco)
More than one race (Más de una raza)
Unknown or not reported (Desconocido ó no reportado)