Questionnaire for Parents

Please answer the following questions carefully. The information is **confidential** and will be of great assistance to the Optometrist who examines your child.
Depending on your child's age
some of the questions may not apply, simply leave these blank.
If there are any questions that you do not understand,
please discuss them with the Optometrist before the examination.

Child's Name: ..... Preferred Name: ..... Sex: M / F

Home Address: .....

..... Phone (1): ..... Phone (2): .....

Date of Birth: ...../...../..... Email: .... Age: .....

School: .....

Name of Class Teacher: ..... Grade: .....

General Information

Referred by: .....

Reason for referral: .....

Father's name: .....

Mother's name: .....

Siblings name(s): ..... Age: .....

..... Age: .....

Has your child had any serious illness or injury requiring hospitalisation? Yes ☐ No ☐ Please detail	Has your child had Speech Therapy? Yes ☐ No ☐ At what age? .... For how long? .....
Has your child a history of recurrent ear problems? Yes ☐ No ☐ Have tubes been inserted? Yes ☐ No ☐	Has your child had Occupational Therapy? Yes ☐ No ☐ At what age? ..... For how long? .....
Does your child suffer any other chronic or recurrent illness? Yes ☐ No ☐ Please detail	Has your child been diagnosed with Attention Deficit Disorder (ADD)? Yes ☐ No ☐
Does your child take any medication? Yes ☐ No ☐ Please detail	I give permission for information regarding my child's eye examination to be released to • their other parent ☐ • child's school ☐ • other health practitioners involved in their care ☐

Developmental History

Were there any abnormalities during pregnancy? .....

Delivery? .....

Any delay in gaining developmental milestones? i.e.: sitting up, crawling, walking, talking

.....

Do you consider your child's fine motor co-ordination to be normal for his/her age? e.g.: pencil-paper skills, threading beads, doing up buttons, tying shoe laces

.....

Do you consider your child's social skill to be normal for his/her age? e.g.: is happy to meet new people, will play with other children .....

Visual history

Has your child had a previous visual assessment? .....

Optometrist/Ophthalmologist/School screening? .....

Reason for examination? .....

Results .....

Were glasses prescribed? ..... Are glasses worn? .....

When? .....

Family history:

Turned Eye ☐ Lazy Eye ☐ Short-sighted ☐ Long-sighted ☐ Astigmatism ☐

Observable Behaviour's Possibly Related to Vision Problems

Signs of Eye Teaming Problems

Covers or closes one eye when reading	☐	Complains of eye strain	☐
Complains of words moving on the page	☐	Inattentive / day dreams	☐
Complains of headache's	☐	Poor reading comprehension	☐
Complains of double vision	☐	Loses place when reading	☐

Signs of Focusing Problems

Complains of blurred vision when reading	☐	Avoids small print	☐
Complains of blurred vision looking from desk to board	☐	Slow inaccurate copying from the board	☐
Complains of headache's	☐	Rub's their eye's when concentrating	☐
Poor reading comprehension	☐	Short attention span when reading	☐
Becomes fatigued when reading	☐	Holds book's very close	☐

Signs of Tracking Problems

Loses place often	☐	Uses finger to keep place	☐
Skips words and lines often	☐	Short attention span when reading	☐

Signs of Visual Processing Disorders

Slow to learn letter / sound correspondence	☐	Seems to know material, but does poorly on written tests	☐
Slow copying from board to book, takes many looks	☐	Reverses letters and numbers	☐
Doesn't recognise the same work repeated on a page	☐	Mistakes words with similar beginnings	☐
Poor recall of visually presented material	☐	Poor reading comprehension	☐
Trouble with spelling and sight word vocabulary	☐	Can respond orally, but not in writing	☐
Slow copying and completing worksheets	☐	Erases excessively	☐
Untidy writing	☐	Trouble learning basic math concepts of size and magnitude	☐

Signs of Unusual Glare Sensitivity

Squints, closes one eye or has watery eye's in sunlight	☐	Complains that the printed page appears "glary"	☐
Prefers to read in dim illumination	☐		

Education History

		Yes	No
Has your child's school progress been as expected for ability?		☐	☐
Does your child have difficulty with :-	reading?	☐	☐
	writing?	☐	☐
	spelling?	☐	☐
	math?	☐	☐
Has your child repeated a grade?		☐	☐
Has there been any remedial teaching?		☐	☐
Is there a history of learning problems in the family?		☐	☐

Has your child had an educational assessment? Yes ☐ No ☐ By whom .....

Has your child had an auditory assessment? Yes ☐ No ☐ By whom? .....

Behaviour

Are there any behavioural problems?

School: .....

Home:.....

Thank-you