



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

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 <input type="checkbox"/>	Complains of eye strain <input type="checkbox"/>
Complains of words moving on the page <input type="checkbox"/>	Inattentive / day dreams <input type="checkbox"/>
Complains of headache's <input type="checkbox"/>	Poor reading comprehension <input type="checkbox"/>
Complains of double vision <input type="checkbox"/>	Loses place when reading <input type="checkbox"/>

Signs of Focusing Problems

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

Signs of Tracking Problems

Loses place often	<input type="checkbox"/>	Uses finger to keep place	<input type="checkbox"/>
Skips words and lines often	<input type="checkbox"/>	Short attention span when reading	<input type="checkbox"/>

Signs of Visual Processing Disorders

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

Signs of Unusual Glare Sensitivity

Squints, closes one eye or has watery eye's in sunlight	<input type="checkbox"/>	Complains that the printed page appears "glary"	<input type="checkbox"/>
Prefers to read in dim illumination	<input type="checkbox"/>		

Education History

	Yes	No
Has your child's school progress been as expected for ability?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have difficulty with :-		
reading?	<input type="checkbox"/>	<input type="checkbox"/>
writing?	<input type="checkbox"/>	<input type="checkbox"/>
spelling?	<input type="checkbox"/>	<input type="checkbox"/>
math?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child repeated a grade?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any remedial teaching?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a history of learning problems in the family?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had an educational assessment? Yes <input type="checkbox"/> No <input type="checkbox"/>		
By whom?		
Has your child had an auditory assessment? Yes <input type="checkbox"/> No <input type="checkbox"/>		
By whom?		

Behaviour

Are there any behavioural problems?

School:

Home:.....

Thank-you