

FOR EYES

OPTOMETRIST

Welcome to For Eyes Optometrist – thank you for choosing us for your eyecare.

Email: reception@foreyes.com.au Phone: (08)9335 3433

Child's Name

As listed on Medicare card

Parent's Name

Parent/Guardian for child

Date of Birth

Address

Unit/Street

Suburb

State

Postcode

Phone

Primary contact of Parent/Guardian

Email

Private Health Insurance

General Practitioner / Doctor

Please outline your concerns, or reason for today's eye examination

What made you chose For Eyes Optometrist

Referral from: teacher/health professional, family/friends, internet/website search, location. Please detail above

School (currently attending)

Year

Education Background

	Poor	Fair	Good	Unsure N/A
Your child's academic progress				
Your child's attitude towards reading				
Hand writing				
General coordination				
Social Behaviour				
What subjects are most difficult?				
Has there been any learning support at school?				
External support/therapy outside of school?				
Favourite leisure activity?				
Does your child play sport? Please list?				

History

Was pregnancy and birth free of complications? Please advise if there were any problems with general health, growth/feeding, sleeping, language development, general coordination, emotional factors or social behaviour:

As best as you can remember, please advise on the following milestones: (tick or months if known)

	Early	Normal	Late		Early	Normal	Late		Early	Normal	Late
Crawling on all fours				Walking				Talking			

Visual History

Has your child had a previous eye test/examination?

If applicable, practitioner and date of eye test.

Has your child had a turned eye?	Yes	No	Has your child had spectacles?	Yes	No
Has your child ever received vision training?	Yes	No	Comments:		

Visual Function	Never	Sometimes	Often
Covers / closes one eye when reading / using the computer			
Rubs eyes and/or blinks excessively			
Complains of eye strain			
Complains of headaches			
Complains of double vision			
Complains of words moving on the page / computer screen			
Inattentive			
Poor reading comprehension			
Loses place when reading			
Complains of blurred vision			
Complains of blurred vision when looking from board to book			
Is tired by the end of the day			
Holds things very close			
Must use finger as a guide to keep place			
Skips lines and words			
Short attention span			

Visual Processing	Never	Sometimes	Often
Trouble learning left from right			
Reverses letters and numbers			
Mistakes words with similar beginnings			
Has trouble recognising the same word repeated on a page			
Trouble learning basic maths concepts of size and magnitude			
Poor reading comprehension			
Poor recall of visually presented material			
Trouble with spelling and sight words			
Untidy writing			
Erases excessively			
Can respond orally but not in writing			
Seems to know material but performs poorly in written tests			
High activity level			
Impulsive			
Frustrates easily			
Doesn't listen when spoken to			