

Name of patient _____ DOB _____ Age _____ M / F

Address _____ City _____ State _____ ZIP _____ Phone # (____) _____

Mother's full name _____ Address if different _____

Father's full name _____ Address if different _____

Mother's work phone # (____) _____ Father's work phone # (____) _____

INSURANCE COMPANY NAME _____ EMPLOYER OF INSURED _____

EMPLOYEE DOB _____ EMPLOYEE SS# _____ EMPLOYEE ID# _____

REFERRED BY (Name and title) _____ Reason for visit _____

I GIVE PERMISSION FOR EXAMINATION RESULTS TO BE RELEASED _____

(signature of parent or guardian)
I understand there is a \$20.00 fee for a vision re

Allergies patient has to medications or substances _____

Medications patient is currently taking _____

Check if patients blood relatives have any of the following and the relationship to patient

Blindness _____ Cataracts _____ Diabetes _____ Glaucoma _____

CHECKLIST: Does the patient exhibit any of these symptoms? If so please check each one that applies.

1. APPEARANCE OF EYES:

- One eye turns in or out at any time _____
- Reddened eyes or lids _____
- Eyes tear excessively _____
- Encrusted eyelids _____
- Frequent styes on lids _____

2. COMPLAINTS WHEN USING EYES AT DESK:

- Headaches in forehead or temples _____
- Burning or itching after reading or desk work _____
- Nausea or dizziness _____
- Print blurs after reading a short time _____

3. BEHAVIORAL SIGNS OF VISUAL PROBLEMS:

- A. Eye Movement Abilities (Ocular Motility)
 - Head turns as reads across page _____
 - Loses place often during reading _____
 - Needs finger or marker to keep place _____
 - Displays short attention span in reading or copying _____
 - Too frequently omits words _____
 - Repeatedly omits "small" words _____
 - Writes up or down hill on paper _____
 - Rereads or skips lines unknowingly _____
 - Orients drawings poorly on page _____

- B. Eye Teaming Abilities (Binocularity)
 - Complains of seeing double (diplopia) _____
 - Repeats letters within words _____
 - Omits letters, numbers or phrases _____
 - Misaligns digits in number columns _____
 - Squints, closes or covers one eye _____
 - Tilts head extremely while working at desk _____
 - Consistently shows gross postural deviations at all desk activities _____

- C. Eye-Hand Coordination Abilities
 - Must feel of things to assist in any interpretation required _____
 - Eyes not used to "steer" hand movements (extreme lack of orientation, placement of words or drawings on page) _____
 - Writes crookedly, poorly spaced: cannot stay on ruled lines _____
 - Misaligns both horizontal and vertical series of numbers _____
 - Uses his hand or fingers to keep his place on the page _____
 - Uses other hand as "spacer" to control spacing and alignment on page _____
 - Repeatedly confuses left-right directions _____

- D. Visual Form Perception (Visual Comparison, Visual Imagery, Visualization)
 - Mistakes words with same or similar beginnings _____
 - Fails to recognize same word in next sentence _____
 - Reverses letters and/or words in writing and copying _____
 - Confuses likenesses and minor differences _____
 - Confuses same word in same sentence _____
 - Repeatedly confuses similar beginnings and endings of words _____
 - Fails to visualize what is read either silently or orally _____
 - Whispers to self for reinforcement while reading silently _____
 - Returns to "drawing with fingers" to decide likes and differences _____
- E. Refractive Status (Nearsightedness, Farsightedness, Focus Problems, etc.)
 - Comprehension reduces as reading continued; loses interest too quickly _____
 - Mispronounces similar words as continues reading _____
 - Blinks excessively at desk tasks and/or reading; not elsewhere _____
 - Holds book too closely; face too close to desk surface _____
 - Avoids all possible near-centered tasks _____
 - Complains of discomfort in tasks that demand visual interpretation _____
 - Closes or covers one eye when reading or doing desk work _____
 - Makes errors in copying from chalkboard to paper on desk _____
 - Makes errors in copying from reference book to notebook _____
 - Squints to see chalkboard, or requests to move nearer _____
 - Rubs eyes during or after short periods of visual activity _____
 - Fatigues easily; blinks to make chalkboard clear up after desk task _____

I UNDERSTAND THAT SHOULD MY INSURANCE NOT COVER THE TOTAL COSTS OF THIS VISIT, I WILL BE FINANCIALLY RESPONSIBLE FOR THESE FEES BEFORE LEAVING THE OFFICE TODAY.

Signature _____

Date _____