optometry vision & learning contact lenses

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Pre-Assessment Questionnaire

This questionnaire will allow us tailor the appointment towards the patient by providing valuable background information. Therefore, please fill in as fully as you are able.

DATE OF YOUR ASSESSMENT: **a.m / p.m on:**

SECTION 1 - PATIENT DETAILS

Child's Full Name

Home Address

Postcode

Home Telephone Number | Parent's Mobile Number

Email address | Fax

Date of Birth | School

Who referred you to our practice?

Name and address of G.P

Parents names & occupations
Father
Mother

Please try to explain your chief concerns that have led you to seek our help:

Does your child have any diagnosed conditions (e.g. Dyslexia, dyspraxia, ADHD, autism etc)

SECTION 2 - PREVIOUS EYECARE HISTORY

Has your child ever had an eye Examination? (please circle) YES / NO

Please describe in detail, including information on any eye tests, glasses, any orthoptic exercises, surgery, patching etc that may have been used. If you have a copy of any current spectacle prescription, please bring it with you to the assessment.

If spectacles have been prescribed are they still worn? YES / NO

SECTION 3 - VISUAL SIGNS

Does your child report any of the following?
(Please tick as appropriate, if very common use two ticks)

	YES	NO	comments
Skip over or omit words when reading	☐☐	☐	
Use finger or bookmark to help keep place	☐☐	☐	
Complain of blurred vision whilst reading	☐☐	☐	
Complain of print doubling, "running together" or "wobbling about"	☐☐	☐	
Complains of headaches with visual tasks	☐☐	☐	
Excessive tiredness after close work	☐☐	☐	
Pain or discomfort around the eyes with close work	☐☐	☐	
Excessive eye rubbing or blinking	☐☐	☐	
Frowning, scowling or squinting with visual tasks	☐☐	☐	
Closing or covering one eye at any time	☐☐	☐	
Reddened eyes or lids	☐☐	☐	
One eye turning in, out, up or down at any time	☐☐	☐	
constantly varying working distance	☐☐	☐	
Moving very close to work or holding books very close	☐☐	☐	
Avoids close work	☐☐	☐	
Difficulty in copying from blackboards / whiteboards	☐☐	☐	
Reversal of letters or numbers when reading	☐☐	☐	

SECTION 4 – GENERAL SIGNS

	YES	NO
Difficulty with co-ordination	☐☐	☐
Tendency to trip over a lot	☐☐	☐
Problems with balance	☐☐	☐
Difficulties learning to ride bike	☐☐	☐
Prone to travel sickness	☐☐	☐
Untidy handwriting	☐☐	☐
Discomfort in hand when writing	☐☐	☐
Letter formed backwards in writing	☐☐	☐
Difficulties with spelling	☐☐	☐
Spelling errors generally phonetic	☐☐	☐
Can learn spellings well for tests	☐☐	☐

Please give further information if you feel it would be of help

SECTION 5 – DEVELOPMENTAL HISTORY

Were there any complications during pregnancy or at birth?

Was birth premature? **YES** / **NO** Was birth weight low? **YES** / **NO**

Did birth involve: *(please tick)* Caesarian Section ☐ Forceps ☐

Was he/she a well baby during first year? **YES** / **NO**

At what age did your child:

Crawl? _____ Was crawling normal? **YES** / **NO**

Walk? _____

Talk? _____ Was speech therapy needed? **YES** / **NO** Is speech now clear? **YES** / **NO**

Please give further information if you feel it would be of help

SECTION 6 – HEARING & LISTENING SKILLS

Have there been any hearing problems? **YES** / **NO** *If so, please give detail including which ear was involved (if known), and age*

Have grommets been used? **YES** / **NO** **If so, which ear? R ☐ L ☐ Both ☐**

Is hearing now reported to be normal? **YES** / **NO** Does child respond well to verbal instructions? **YES** / **NO**

Is he/she: easily distracted by sounds? **YES** / **NO** Very sensitive to background noise? **YES** / **NO**

Prone to daydreaming and 'tuning out' **YES** / **NO** Confused in 'busy' environments? **YES** / **NO**

SECTION 7 – HEALTH *If yes to any, please give further details*

Does your child have any health problems? **YES** / **NO**

Does your child suffer from allergies? **YES** / **NO**

Does your child have any eating problems? **YES** / **NO**

SECTION 8 – FAMILY HISTORY

Is there any family history of visual problems? **YES** / **NO** *If yes please give details*

Is there any family history of dyslexia or learning difficulty? **YES** / **NO** *If yes please give details*

Is there any family history of hyperactivity, attention difficulties, autism or speech problems? **YES** / **NO**
If yes please give details:

SECTION 9 - LATERALITY

Is your child: *(please tick)* Left Handed ☐ Right Handed ☐ Ambidextrous ☐

Hand dominance in family: (please indicate **L** – for left handed, **R** – for right handed or **A** – for ambidextrous)

Father ☐ **Mother** ☐ **Siblings: 1:** ☐ **2:** ☐ **3:** ☐ **4:** ☐

Does your child confuse directions and lefts and rights? **YES** / **NO**

Is there similar confusion in the family? **(Y or N)** Maternal side? ☐ Paternal side? ☐

SECTION 10 – SCHOOL

Have your child's school expressed any concerns about academic progress? **YES** / **NO**

Is your child receiving extra support either in or out of school? **YES** / **NO**

Does your child experience difficulties in other subjects apart from English? **YES** / **NO** *If yes please give details:*

Have there been any behavioural problems? **YES** / **NO** *If yes please give details:*

Have any other tests been carried out? (e.g. educational psychologist evaluation) **YES** / **NO**

IF 'YES' PLEASE COULD YOU LET US SEE A COPY OF ANY REPORTS THAT HAVE BEEN PREPARED

In your opinion what are your child's best subjects?

Your child's worst subjects?

What are your child's special interests and hobbies?

Please tick the following as appropriate:

	YES	NO
Does your child enjoy school	☐	☐
Are you satisfied with your child's school performance?	☐	☐
Does child read as well as peer group in school?	☐	☐
Does child read as well as brothers and sisters?	☐	☐

Are there any other factors or further information you feel would be of help to us?

It is often beneficial to discuss examination results with other professionals working with your child. Please sign below to authorize this exchange of information:

Signature **Date**

Your Relationship to child

Thank you for taking the time to complete this rather lengthy questionnaire, the information given will help us to plan the most appropriate tests to use, and prepare us for the appointment! ***Please ensure you return it to us, together with the teacher's questionnaire, well ahead of the appointment.***