

Skye Optometrists

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CONFIDENTIAL

Questionnaire for completion prior to the eye examination.

Introduction

Please complete as much of this questionnaire as possible and send it to us before the eye examination. It is designed for children and adults, so we apologise to adults for some of the wording.

Parents will need to ask their child about some of the questions (e.g. visual symptoms) whilst they will be able to answer others themselves (e.g. health and history of birth). If you are unsure of anything just leave a gap and we can discuss any uncertainties at the appointment.

NAME: _____

ADDRESS: _____

DOB: _____ SCHOOL ATTENDED: _____

WHO REFERRED YOU TO US: _____

GP's NAME: _____

DATE OF APPOINTMENT: _____

Learning difficulties

Please tick if you have had any specific difficulties with the following:

Reading [] Spelling [] Writing [] Maths [] Other _____

Has a psychologist ever assessed you for specific learning difficulties?

Yes No

Do you have an Individual Educational Plan (IEP) from school?

Yes No

If yes please give more details: _____

(Please send us any report you may have of a psychologist's assessment before the eye examination, we will return it to you).

Visual History

Date of last visit to an Optometrist/Optician: _____

Optometrist's or Optician's name and address (if known): _____

Reason for last examination: _____

Were you given spectacles? Yes No

If so, are they worn and when? (e.g. for reading): _____

If you have been prescribed spectacles in the past, please state your approximate age when you were given these: _____

Has anyone noticed either eye turning inwards or outwards? Yes No

If so, at what age, how often and how long did it normally last? _____

Have you ever had an eye operation? Yes No

If so, at what age and what for? _____

Have you ever done eye exercises or patched one eye? Yes No

If so, at what age and what treatment was given? _____

Have you ever used a coloured filter? Yes No

If so, was it lenses or plastic overlay, when did you use it and for how long? _____

Visual Symptoms

	YES	NO
Does writing on the board ever go blurred?		
Do words in a book: <div style="text-align: center;"> go blurred? jump around? go bigger/smaller? fade or disappear? get faint colours round them? </div>		
Do you ever experience double vision (see two things when there is only one)?		
Are you light sensitive?		
Do you ever experience sore or tired eyes? If so, what makes them uncomfortable?		

Visual behaviour

Do you:-	Yes	No	If so please give details
Hold reading unusually close or far away?			
Close or cover one eye?			
Frequently rub eye(s)?			
Blink excessively?			
Tilt head when reading or writing?			
Move head when reading?			
Use finger as marker?			
Confuse letters or words?			
Reverse letters or words?			
Skip or omit words or lines?			
Read slowly?			
Tire easily/short attention span?			

Developmental History

Please state whether pregnancy was full term, or how many weeks early or late you were born:

Please state whether the birth was normal, or give details of any complications (e.g. forceps delivery):

Please list any severe illnesses that you had in your first year: _____

Were the 'milestones' (E.g. walking, talking etc.) attained at a normal age or were there any delays?

Did you crawl? _____

Is general co-ordination good or are you clumsy? _____

Are you right or left handed and was there any doubt about this? _____

General Health

	YES	NO
Have you ever suffered from epilepsy, fits or convulsions?		
Do you have any general health problems?		
Have you had any hearing difficulties (e.g. glue ear)?		
Do you have any allergies (e.g. hayfever, asthma)?		
Are you taking any medication?		
Do you have headaches?		
If yes to any of these please give details:		

Family History

Did parents or any other children in the family: (*close relatives*)

	YES	NO	IF SO PLEASE GIVE DETAILS
Having learning problems?			
Have a turning eye, patching or eye exercises?			
Have any eye diseases?			
Have migraine headaches?			
Have colour blindness?			
Have epilepsy?			

Anything else?

Have you any other comments you would like to add?

Please be sure to return this questionnaire before the eye examination together with any psychologist's report.

Thank you for your help.