



WELCOME TO THE PRACTICE FOR CHILDREN

COMPLETE CHILD'S DETAILS BELOW

Title ..... First Name..... Surname.....

DOB ..... Phone Home ..... Work..... Mobile .....

Home address.....

Email address .....

GP Name .....

School .....Parents/Guardian's Names.....

Have your child's eyes been tested by an Optometrist before? Y N

If yes, how long since the last eye examination? .....

Was the test carried out by a Behavioural Optometrist? Y N

Is your child currently wearing any spectacles? Y N

Does your child have any known conditions or health concerns? Please list.....

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Does your child take any medication? Please List. ....

Has your child had any head injuries or concussions? Y N

Has your child ever been assessed by a: Speech Pathologist Educational Psychologist Occupational Therapist Paediatrician Other.....

Does your child have a history of ear infections or grommets? Y N If yes at what ages and how many?.....

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Tick any sign or symptom below that the family or the school may have observed your child doing -

- Headaches, Sore eyes, Tired eyes, Red eyes, Watery eyes, Excessive blinking, Rubbing of the eyes, Covering one eye, Squinting, Complaints of blurry vision, Poor organisation on a page, Reversals of numbers, letters or words, Poor handwriting, Problems with sight words, Difficulty with spelling, Difficulty with letter or word recognition, Doesn't recognise the same word in the next sentence, Constantly re-reads the text to gain meaning

- Slow when copying from the board
- Holding books very close
- Eye that turns inward or outward constantly or when tired
- Skipping or jumping of words and lines when reading
- Has to use finger when reading
- Avoids reading
- Clumsy with objects/ trips or falls over frequently
- Decreased comprehension
- Reading and writing skills that do not match mathematical ability
- Dropping of school performance for no apparent reason
- Exhibits avoidance or disruptive behaviours during class
- Difficulty following a series of instructions
- Diagnosis of ADD or ADHD
- Diagnosis of Dyslexia

Was the pregnancy and birth free of complications? Y N

Did your child crawl? Y N Was the crawling movement a normal crawling motion? Y N

At what age did they crawl?.....

At what age did they begin talking? .....

Does your child have:

- problems with climbing up stairs, trees etc
- poor balance
- a fear of heights
- motion sickness
- strong dislike to bright lights or loud noises
- difficulties learning swimming strokes
- difficulties riding a bike
- poor eye contact with people
- an obsessive interest in certain topics, things or toys
- little interest in playing with other children
- limited imaginative playtime
- sleeping problems
- problems with toilet training
- little interest in cuddling
- resistance to change in routines or their environment
- tantrums that seem to be for no apparent reason

Any other concerns for your child that you wish to raise?

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How did you find out about Midwest Optical? .....

Thank you.