



Norfolk
 220 W. Brambleton Ave. Ste. 111
 Norfolk, Virginia 23510
 (757) 622-0200

Virginia Beach
 1547 Laskin Road
 VB, Virginia 23451
 (757) 425-0200

PARENTS QUESTIONNAIRE

NAME:	NICK NAME	DATE OF BIRTH
SCHOOL	GRADE	TEACHER
PARENTS' NAMES		
OCCUPATIONS: MOTHER		FATHER
CHILD IS HERE TODAY BECAUSE:		
WHO FIRST NOTED POSSIBLE VISION DIFFICULTIES AND WHEN DID THEY START?		
WHO REFERRED YOU TO GILBERT EYECARE:		

VISUAL HISTORY:

IS THIS YOUR CHILD'S FIRST EYE EXAMINATION? Yes No If NOT, WHEN WAS THEIR LAST EXAMINATION?

PLEASE DESCRIBE ANY PREVIOUS EYE OR VISUAL PROBLEMS, AND TREATMENT YOUR CHILD HAS RECEIVED.
 (INCLUDING GLASSES, VISION THERAPY, PATCH, SURGERY, MEDICATION)

PLEASE CHECK ANY OF THE FOLLOWING THAT YOU HAVE NOTICED OR THAT YOUR CHILD COMPLAINS ABOUT:

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| <ul style="list-style-type: none"> BLURRED DISTANCE VISION DOUBLE VISION CLOSES OR COVERS ONE EYE DURING READING EYE TURNS IN, OUT, UP, DOWN FATIGUE DURING NEAR VISUAL TASKS SQUINTS OR BLINKS EXCESSIVELY HOLDS BOOK OR PAPER TOO CLOSE LOSS OF PLACE WHEN READING USES FINGER OR UNDERLINER TO READ POOR HAND EYE COORDINATION DIFFICULTY WITH SIMILARITIES AND DIFFERENCES IN LETTERS, PICTURES, OR WORDS | <ul style="list-style-type: none"> BLURRED VISION DURING READING WORDS MOVING OR RUNNING TOGETHER TILTS HEAD FREQUENT HEADACHES EYE STRAIN RED OR TEARY EYES AVOIDS CLOSE WORK SKIPS OR REREADS LINES FREQUENT REVERSAL POOR DEPTH PERCEPTION |
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EDUCATIONAL HISTORY:

HAS YOUR CHILD REPEATED ANY GRADES? Yes No If YES, WHICH ONE?

IS YOUR CHILD RECEIVING ANY TUTORING, EXTRA HELP OR SPECIAL CLASSES IN SCHOOL? Yes No If YES, PLEASE DESCRIBE:

HAVE THERE BEEN ANY EVALUATIONS DONE AT SCHOOL OR BY SCHOOL RECOMMENDATION? (PSYCHOLOGICAL, LEARNING, SPEECH/LANGUAGE, OCCUPATIONAL THERAPY, NEUROLOGICAL, MEDICAL) Yes No If YES, PLEASE LIST TESTS AND BRIEFLY DESCRIBE THE RESULTS.

PLEASE CHECK IF YOUR CHILD HAS DIFFICULTIES IN ANY OF THE FOLLOWING AREAS:

- READING
 HANDWRITING
 MATH
 SPELLING
 COPYING FROM THE BOARD
 ATTENTION SPAN
 BEHAVIOR OR MOTIVATION

