

Phone: (804) 387-2902 Fax: (804) 509-0543



**School Information:** 

School Location: \_\_\_\_

Resources: 

□ 504 plan

School Name:

## **Pediatrics History Form**

| 1 ediati les i  | instory rorm   |
|---|--|
| <b>Reason for testing:</b> Please describe what brings you in pertinent history:  | /who referred you for an examination today and any   |
| What are your main visual concerns that are bringi  | ng you in?   |
| Goals for testing: What are your goals with the testing binocular vision disorder, understand what my child can   |  |
| <b>Birth/Developmental History</b> : Please list any abnormation pregnancy, delivery (C-Section), early childhood developmental History:  |  |
| Does the patient have any PERSONAL history of:  Strabismus/amblyopia/patching  Eye muscle (Strabismus) surgery  Vision therapy  Wearing glasses at a very young age  Head trauma  Brain injury/concussion  Automobile Accident  Seizures as a child  High Fevers as a child | Does the patient have any FAMILY eye history of:  Strabismus (eye turn)  - if yes, who?  Amblyopia  - if yes, who?  Patching  - if yes, who?  Vision Therapy  - if yes, who?  Learning disorders  - if yes, who? |

□ Vision Therapy

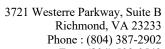
Grade Level:\_\_

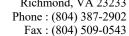
☐ IEP (Individualized Education Program)

- if yes, who? \_\_\_\_\_

□ Other \_\_\_\_\_\_

Type (Public/Private, etc):\_\_\_\_\_







Subjects: Please list any specific subjects that your child is below grade level in and any specific areas or academic skills your child is experiencing difficulty with?

| Vision Symptoms | : Please mark (x) each symptom experienced currently                          |
|-----------------|---|
| Visual Clarity  | ☐ Blurry vision at distance with head stable                                  |
|                 | ☐ Blurry vision at distance with head moving                                  |
|                 | □ Blurry vision at near   |
|                 | □ Blurry vision fluctuates throughout the day                                 |
|                 | □ Reduced vision at night   |
| Double Vision   | ☐ Double vision is horizontal – two images side by side                       |
|                 | □ Double vision is vertical – two images up and down                          |
|                 | □ Double vision is at distance  |
|                 | □ Double vision is at near  |
| Visual Tasks    | □ Headaches   |
| Provoke         | □ Dizziness   |
| Physical        | □ Nausea  |
| Symptoms of     | ☐ Brain fog – confusion, disorientation                                       |
|                 | □ Fatigue   |
|                 | □ Eye pain  |
|                 | □ Eye strain  |
| Light           | □ Normal indoor lighting  |
| Sensitivity to  | □ Fluorescent indoor lighting   |
| -               | □ Outdoor sunlight  |
|                 | □ Electronics/screens   |
|                 | □ Flashing/strobing/flickering lights   |
| Dry Eye         | □ Vision/light sensitivity worse in the morning                               |
| Symptoms        | □ Vision/light sensitivity worse in the afternoon                             |
| • •             | □ Eyes sting/burn/feel dry  |
|                 | □ Eyes are red  |
|                 | □ Eyes water  |
| Depth           | □ Clumsiness/misjudge where objects really are in space                       |
| Perception      | ☐ Lack of confidence walking, missing steps, stumbling                        |
| •               | □ Poor Handwriting (spacing, size, legibility)                                |
| Peripheral      | ☐ Side vision is distorted/objects move or change position                    |
| vision          | ☐ Missing piece/part of peripheral vision                                     |
|                 | □ Difficulty with visual motion   |
|                 | □ Carsickness   |
|                 | □ Flashes of light  |
|                 | □ Floaters  |
| Visual          | □ Anxiety in visually crowded areas (restaurants, grocery stores)             |
| Processing      | □ Difficulty with visual search tasks (ex: can't find the milk in the fridge) |
|                 | □ Difficulty concentrating on a task  |
|                 | □ Poor ability to organize work   |
|                 | □ Confusion following a series of verbal instructions                         |
|                 | □ Confusion following a series of written instructions                        |
|                 | □ Confusion with directional orientation/maps/planning in space               |
|                 | □ Difficulty with memory  |
| L               | - Different j mai memorj  |



CISS: In regards to symptoms when reading or doing close/computer work:

| erson in regards to symptoms when reading or doing | Never    | Rarely   | Sometimes | Frequently | Always   |
|--|----------|----------|-----------|------------|----------|
| □ Eyes feel tired                                  | <b>0</b> | <b>1</b> | <b>2</b>  | □ 3        | <b>4</b> |
| ☐ Eyes feel uncomfortable                          | □ 0      | <b>1</b> | □ 2       | □ 3        | <b>4</b> |
| ☐ Eyes feel sore                                   | □ 0      | <b>1</b> | □ 2       | □ 3        | <b>4</b> |
| □ Eyes hurt  | <b>0</b> | <b>1</b> | □ 2       | □ 3        | <b>4</b> |
| ☐ Feel a "pulling" feeling around the eyes         | □ 0      | <b>1</b> | <b>2</b>  | □ 3        | <b>4</b> |
| ☐ Get headaches                                    | □ 0      | <b>1</b> | <b>2</b>  | □ 3        | <b>4</b> |
| ☐ Feel sleepy/tired                                | <b>0</b> | <b>1</b> | □ 2       | □ 3        | <b>4</b> |
| ☐ Lose concentration                               | <b>0</b> | <b>1</b> | □ 2       | □ 3        | <b>4</b> |
| ☐ Have trouble remembering what you read           | □ 0      | <b>1</b> | <b>2</b>  | □ 3        | <b>4</b> |
| ☐ Have double vision                               | □ 0      | <b>1</b> | <b>2</b>  | □ 3        | <b>4</b> |
| ☐ Words move, jump, swim, or float on the page     | <b>0</b> | <b>1</b> | <b>2</b>  | □ 3        | <b>4</b> |
| □ Read slowly                                      | <b>0</b> | <b>1</b> | □ 2       | □ 3        | <b>4</b> |
| ☐ Words blur or come in and out of focus           | <b>0</b> | <b>1</b> | □ 2       | □ 3        | <b>4</b> |
| ☐ Lose your place                                  | <b>0</b> | <b>1</b> | □2        | □ 3        | <b>4</b> |
| ☐ Have to re-read the same line of words           | <b>0</b> | <b>1</b> | □ 2       | □ 3        | <b>4</b> |

**Behavior Symptoms:** Please mark (x) each symptom experienced currently

|  | Never    | Rarely   | Sometimes | Frequently | Always   |
|--|----------|----------|-----------|------------|----------|
| ☐ Hyperactive  | <b>0</b> | <b>1</b> | <b>2</b>  | <b>3</b>   | <b>4</b> |
| ☐ Easily distracted                                    | <b>0</b> | <b>1</b> | <b>2</b>  | □3         | □ 4      |
| ☐ Short attention span                                 | <b>0</b> | <b>1</b> | <b>2</b>  | □3         | <b>4</b> |
| ☐ Easily frustrated                                    | □ 0      | <b>1</b> | <b>2</b>  | <b>3</b>   | <b>4</b> |
| □ Impulsive  | □ 0      | <b>1</b> | □2        | □ 3        | <b>4</b> |
| ☐ Easily fatigued                                      | □ ()     | <b>1</b> | <b>2</b>  | □ 3        | <b>4</b> |
| ☐ Poor ability to organize work                        | □ ()     | <b>1</b> | <b>2</b>  | □ 3        | <b>4</b> |
| □ Indistinct speech                                    | □ ()     | <b>1</b> | <b>2</b>  | □ 3        | <b>4</b> |
| ☐ Awkward or clumsy                                    | □ ()     | <b>1</b> | <b>2</b>  | □ 3        | <b>4</b> |
| □ Behavior problems                                    | □ ()     | <b>1</b> | <b>2</b>  | □ 3        | <b>4</b> |
| □ Emotional problems                                   | □ ()     | <b>1</b> | <b>2</b>  | □ 3        | <b>4</b> |
| ☐ Confusion following a series of verbal instructions  | □ ()     | <b>1</b> | <b>2</b>  | □ 3        | <b>4</b> |
| ☐ Confusion following a series of written instructions | □ ()     | <b>1</b> | <b>2</b>  | □ 3        | <b>4</b> |
| ☐ Reverses letters, words, or numbers in reading       | □ ()     | <b>1</b> | <b>2</b>  | □ 3        | <b>4</b> |
| ☐ Reverses letters, words, or numbers in writing       | <b>0</b> | <b>1</b> | <b>2</b>  | <b>3</b>   | <b>4</b> |
| □ Confuses left and right                              | <b>0</b> | <b>1</b> | <b>2</b>  | □3         | <b>4</b> |
| ☐ Confusion with directional orientation/maps          | □ 0      | <b>1</b> | □2        | □ 3        | □ 4      |

Anything else you would like us to know/evaluate?