

Confidential Pre-Screening Questionnaire – Adults

Thank you for your interest in having a Developmental Optometry assessment. Please complete this questionnaire as accurately as possible and fax to 01342 325748 or email to eyes@i-care.co.uk – see final page for Terms and Conditions

Your name:

Date of Birth:

Age:

Occupation:

Contact no:

Email:

Referred by:

May we update the referral source? YES NO

Please describe your main reasons for wanting an assessment:

Ocular History: – When was your last eye test, do you wear glasses / contact lenses, do you have a history of lazy eye, squint, eye surgery or other eye condition?

General Health / Medical Diagnoses – Do you have any suspected or diagnosed medical or developmental conditions, are you on any medications, do you have any allergies or food intolerances?

Symptoms Checklist

Please rate each behaviour, how often does each occur?	Never	Seldom	Occasional	Frequently	Always
I have a medical diagnosis of brain injury <input type="checkbox"/>					
I sustained a brain injury with medical diagnosis <input type="checkbox"/>					
I have NOT ever sustained a brain injury <input type="checkbox"/>					
EYESIGHT CLARITY					
Distance vision blurred and not clear – even with lenses	<input type="checkbox"/>				
Near vision blurred and not clear – even with lenses	<input type="checkbox"/>				
Clarity of vision changes or fluctuates during the day	<input type="checkbox"/>				
Poor night vision / can't see well to drive at night	<input type="checkbox"/>				
VISUAL COMFORT					
Eye discomfort / sore eyes / eyestrain	<input type="checkbox"/>				
Headaches or dizziness after using eyes	<input type="checkbox"/>				
Eye fatigue / very tired after using eyes all day	<input type="checkbox"/>				
Feel 'pulling' around the eyes	<input type="checkbox"/>				
DOUBLING					
Double vision – especially when tired	<input type="checkbox"/>				
Have to close or cover one eye to see clearly	<input type="checkbox"/>				
Print moves in and out of focus when reading	<input type="checkbox"/>				
LIGHT SENSITIVITY					
Normal indoor lighting is uncomfortable – too much glare	<input type="checkbox"/>				
Outdoor light too bright – have to use sunglasses	<input type="checkbox"/>				
Indoors fluorescent lighting is bothersome or annoying	<input type="checkbox"/>				
DRY EYES					
Eyes feel 'dry' and sting	<input type="checkbox"/>				
'Stare' into space without blinking	<input type="checkbox"/>				
Have to rub eyes a lot	<input type="checkbox"/>				
DEPTH PERCEPTION					
Clumsiness / misjudge where objects really are	<input type="checkbox"/>				
Lack of confidence walking / missing steps / stumbling	<input type="checkbox"/>				
Poor handwriting (spacing, size, legibility)	<input type="checkbox"/>				
PERIPHERAL VISION					
Side vision distorted (objects move or change vision)	<input type="checkbox"/>				
What looks straight ahead – isn't always straight ahead	<input type="checkbox"/>				
Avoid crowds / can't tolerate 'visually busy' places	<input type="checkbox"/>				
READING					
Short attention span / easily distracted when reading	<input type="checkbox"/>				
Difficulty / slowness with reading and writing	<input type="checkbox"/>				
Poor reading comprehension / can't remember what was read	<input type="checkbox"/>				
Confusion of words / skip words during reading	<input type="checkbox"/>				
Lose place / have to use finger not to lose place when reading	<input type="checkbox"/>				
Any other symptoms?					

TERMS AND FEES

Developmental (also known as Neuro-Developmental or Behavioural) Optometry assessments cover a wide range of conditions and as such I would be grateful if you would complete this questionnaire to identify your needs. Once I have read through it, usually within 48 hours, I will contact you to discuss whether it would be beneficial to investigate your concerns further.

I normally recommend a 1 hour initial assessment the fee for which is £250 and includes a summary of findings, though in some cases a shorter or longer appointment may be more appropriate. Unfortunately there is no NHS funding towards these appointments. A 50% deposit is required to secure an appointment and no shows will result in loss of deposit. For short notice cancellations of less than 48 hours the charge is £50 per hour.

In addition to those tests carried out as part of a routine sight test (visual acuity, refractive status and ocular health check), a neuro-developmental assessment may include:

Ocular Motor Skills	Eye teaming and coordination Vergence (ability to bring the eyes inwards or outwards) Accommodation (focussing in or back outwards) Fusional Range & Stereopsis (stability and quality of ocular motor control)
Tracking Skills	Fixation (ability to maintain stable gaze) Pursuits (slow eye movements) Saccades (fast eye movements and central-peripheral integration)
Visual Integration	How well do visual systems integrate with other sensory and motor systems
Visual stress / Colourimetry	Is there pattern glare (also known as Meare's Irlen syndrome) Do tinted lenses improve visual function (cost £95 to £250+)
Therapeutic lenses	Do ocular motor skills improve through the use of performance lenses

In my experience about two thirds of patients gain significant benefit from therapeutic and / or tinted lenses, but many require optometric vision therapy to achieve their full potential.

OPTOMETRIC VISION THERAPY

Vision Therapy (VT) is a program of activities tailored to you and demonstrated in practice then reinforced at home. I usually recommend 20-30 minutes 5+ days per week on VT to get maximum benefit. Therapy sessions are usually 30 to 45 minutes long, once a month, costing £90 to £135 and reviews are 60 minutes at £180. Treatment duration ranges from 6 months in simple cases to over 2 years in more complex conditions.

I look forward to speaking with you and hope that we can find a solution to your visual difficulties.

By submitting this questionnaire you agree that we may keep your data in accordance with our responsibilities under the Data Protection Act 1998. Data may be used for audit, this would not include any patient identifiable details. Data is not shared with third parties unless you have given your permission to do so, or where required by law. We will not use your data for marketing. We use Google to provide our email service and as such electronic communication cannot be guaranteed to be 100% secure, if this is of concern please fax us instead.

NAME:

Date: