**Confidential Pre-Assessment Questionnaire – School Aged Children**

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

Child’s name: Click or tap here to enter text. Nickname: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text. Age: Click or tap here to enter text.

Completed by: Click or tap here to enter text. Relation: Click or tap here to enter text.

Contact no: Click or tap here to enter text. Email: Click or tap here to enter text.

Referred by: Click or tap here to enter text. May we update the referral source? YES  NO

**Please describe your main reasons for wanting an assessment:**

Click or tap here to enter text.

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

Click or tap here to enter text.

**Symptoms Checklist**

Does your child report any of the following?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Symptoms | No/ Rare | At times | Often/  Always | Comments |
| Blurred vision at distance |  |  |  | Click or tap here to enter text. |
| Blurred vision at near / reading |  |  |  | Click or tap here to enter text. |
| Blur at far after reading up close |  |  |  | Click or tap here to enter text. |
| Words blur, come in and out of focus |  |  |  | Click or tap here to enter text. |
| Have to blink to see clearly |  |  |  | Click or tap here to enter text. |
| Frowns / concentrates hard at near / reading |  |  |  | Click or tap here to enter text. |
| Letters / words move, jump, swim or float when reading |  |  |  | Click or tap here to enter text. |
| Spaces between words jump, move, float, have colours |  |  |  | Click or tap here to enter text. |
| Difficulty copying from far to near |  |  |  | Click or tap here to enter text. |
| Difficulty copying from near to near |  |  |  | Click or tap here to enter text. |
| Double vision at far |  |  |  | Click or tap here to enter text. |
| Double vision at near / reading |  |  |  | Click or tap here to enter text. |
| Ghosting |  |  |  | Click or tap here to enter text. |
| Covers or closes one eye / squints to read |  |  |  | Click or tap here to enter text. |
| Tilts or turns head to one side |  |  |  | Click or tap here to enter text. |
| Head close to paper when reading / writing |  |  |  | Click or tap here to enter text. |
| Tilts head when reading / writing |  |  |  | Click or tap here to enter text. |
| Headaches with visual activity |  |  |  | Click or tap here to enter text. |
| Headaches end of day |  |  |  | Click or tap here to enter text. |
| Headaches on waking |  |  |  | Click or tap here to enter text. |
| Migraine with aura |  |  |  | Click or tap here to enter text. |
| Dizziness or nausea with near work |  |  |  | Click or tap here to enter text. |
| Car sickness / motion sickness |  |  |  | Click or tap here to enter text. |
| Gets tired / sleepy with reading |  |  |  | Click or tap here to enter text. |
| Eyes ache, get sore, sting or pull at near / reading |  |  |  | Click or tap here to enter text. |
| Eyes get red, burn, itch, are dry or watery |  |  |  | Click or tap here to enter text. |
| Eyelids get red, crusty or get recurrent styes |  |  |  | Click or tap here to enter text. |
| Rubs eyes |  |  |  | Click or tap here to enter text. |
| Normal indoor lighting uncomfortable |  |  |  | Click or tap here to enter text. |
| Outdoor light too bright – have to use sunglasses |  |  |  | Click or tap here to enter text. |
| Sensitive to fluorescent lighting |  |  |  | Click or tap here to enter text. |
| Loss of place with reading, skips words or lines |  |  |  | Click or tap here to enter text. |
| Uses finger / ruler to keep place at near / reading |  |  |  | Click or tap here to enter text. |
| Have to re-read the same lines or words |  |  |  | Click or tap here to enter text. |
| Moves head as reads |  |  |  | Click or tap here to enter text. |
| Reverses letters, numbers or words |  |  |  | Click or tap here to enter text. |
| Misreads small words |  |  |  | Click or tap here to enter text. |
| Misreads longer words |  |  |  | Click or tap here to enter text. |
| Slow reader |  |  |  | Click or tap here to enter text. |
| Vocalises /moves lips when reading silently |  |  |  | Click or tap here to enter text. |
| Poor comprehension |  |  |  | Click or tap here to enter text. |
| Poor general attention / easily distracted |  |  |  | Click or tap here to enter text. |
| Loss of concentration when reading |  |  |  | Click or tap here to enter text. |
| Dislikes / avoids reading |  |  |  | Click or tap here to enter text. |
| Dislikes / avoids writing |  |  |  | Click or tap here to enter text. |
| Dislikes / avoids sports |  |  |  | Click or tap here to enter text. |
| Clumsy, misjudges where objects are |  |  |  | Click or tap here to enter text. |
| Difficulties with sports / riding a bike / swimming |  |  |  | Click or tap here to enter text. |
| Difficulties catching / hitting a ball |  |  |  | Click or tap here to enter text. |
| Dislikes crowds ‘visually busy’ places |  |  |  | Click or tap here to enter text. |
| Messy handwriting |  |  |  | Click or tap here to enter text. |
| Handwriting slopes / gets smaller |  |  |  | Click or tap here to enter text. |
| Neat but slow handwriting |  |  |  | Click or tap here to enter text. |
| Awkward / immature pencil grip |  |  |  | Click or tap here to enter text. |
| Sticks tongue out when concentrating |  |  |  | Click or tap here to enter text. |
| Difficulty with fine motor - buttons, scissors, laces |  |  |  | Click or tap here to enter text. |
| Poor organisation on a page |  |  |  | Click or tap here to enter text. |
| Difficulty with columns of numbers |  |  |  | Click or tap here to enter text. |
| Confuses right and left |  |  |  | Click or tap here to enter text. |
| Struggles with a sequence of instructions |  |  |  | Click or tap here to enter text. |
| Poor short term memory |  |  |  | Click or tap here to enter text. |
| Poor long term memory |  |  |  | Click or tap here to enter text. |
| Sensitive to loud sounds |  |  |  | Click or tap here to enter text. |
| Dislikes background noise |  |  |  | Click or tap here to enter text. |
| Remembers better what hears than sees |  |  |  | Click or tap here to enter text. |
| Responds better orally than by writing |  |  |  | Click or tap here to enter text. |
| Seems to know material but does poorly on tests |  |  |  | Click or tap here to enter text. |
| Poor spelling (verbal) |  |  |  | Click or tap here to enter text. |
| Poor at decoding new words |  |  |  | Click or tap here to enter text. |
| Difficulty with maths / mathematical concepts |  |  |  | Click or tap here to enter text. |
| Poor time management |  |  |  | Click or tap here to enter text. |
| Fidgets a lot |  |  |  | Click or tap here to enter text. |
| Gets overloaded, anxious, shuts down, withdraws |  |  |  | Click or tap here to enter text. |
| Gets frustrated / upset / angry |  |  |  | Click or tap here to enter text. |
| Has to chew pencil, fingers etc… |  |  |  | Click or tap here to enter text. |
| **IS NOT MEETING THEIR POTENTIAL?** |  |  |  | Click or tap here to enter text. |
| Any other symptoms / comments?  Click or tap here to enter text. | | | | |

**Developmental History**

At how many weeks was your child born? Click or tap here to enter text. Birth Weight? Click or tap here to enter text.

Were there any pre, peri or post-natal complications? Was the delivery normal, assisted, planned caesarean, emergency caesarean or otherwise complicated.

Click or tap here to enter text.

Was your child settled or did they have colic / reflux? Any feeding problems.

Click or tap here to enter text.

Were there any delayed motor milestones especially with rolling over, sitting by self, crawling, walking

Click or tap here to enter text.

Were there any concerns with hearing, ear infections, grommets or speech

Click or tap here to enter text.

Were there any serious early childhood illnesses, accidents or concussions?

Click or tap here to enter text.

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

Click or tap here to enter text.

**Do they see any therapists?**

Click or tap here to enter text.

**Leisure and Learning**

Name of School: Click or tap here to enter text. Year: Click or tap here to enter text.

Time at current school: Click or tap here to enter text. Reading age: Click or tap here to enter text.

How do they find school / teachers / classmates?

Click or tap here to enter text.

How does your child find homework?

Click or tap here to enter text.

What are their favourite subjects

Click or tap here to enter text.

What subjects do they least like?

Click or tap here to enter text.

Do they get any additional support

Click or tap here to enter text.

What are your child’s favourite activities / hobbies

Click or tap here to enter text.

How many hours of TV / IPAD / phone time do they have?

Click or tap here to enter text.

**Other**

Are they right handed / left handed / ambixextrous? Click or tap here to enter text.

Are they right footed / left footed / use both equally? Click or tap here to enter text.

Do they like listening to music? Click or tap here to enter text.

Do they play instruments (if so to what grade)?

Click or tap here to enter text.

**Personality**

Are there any behavioural issues as home or school?

Click or tap here to enter text.

Has your child been through any mental, emotional or physical trauma?

Click or tap here to enter text.

Please give a brief description of your child as a person.

Click or tap here to enter text.

**ANY OTHER COMMENTS**

Click or tap here to enter text.

**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 child’s 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 cancelations 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 your child 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 between 30 to 45 minutes long, once a month, costing £90 to £135 and reviews are 1 hour 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 child’s 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: Click or tap here to enter text. Date: Click or tap to enter a date.