Youth Vision Form

Ages 6 to 18

EyeCare™ Specialties

Patient's Name: _____ Date: _____

School: _____ Grade: _____ Date of Birth: _____

Name of Parent or Guardian: _____

Primary Care Doctor _____

Has your child been diagnosed with or suspected of having any of the following conditions?

(If yes, check the appropriate box)

- ☐ Allergies
- ☐ Asthma
- ☐ Frequent Ear Infection
- ☐ Head Trauma
- ☐ Hyperactivity
- ☐ Epilepsy or seizure
- ☐ Learning Disability
- ☐ Developmental Disorder
- ☐ Trauma at birth

Child's age upon entrance into Kindergarten: _____ Has a grade been repeated _____

Are you concerned about your child's school performance? _____ Is the school? _____

In your opinion, how is your childs performance in the following?

	Good	*Average*	*Poor*		*Good*	*Average*	*Poor*
Reading	☐	☐	☐	Spelling	☐	☐	☐
Writing	☐	☐	☐	Math	☐	☐	☐

Has your child been enrolled in extra classes? Yes☐ No ☐

Has your child received special tutoring outside of school? Yes☐ No ☐

Has your child received special testing? Yes☐ No☐

Has your child had any previous vision care? Yes☐ No☐

Describe any difficulty your child had in learning motor skills (walking, skipping) or language skills:

_____

_____

_____

_____

(Continued on the next page...)

CHECK THE COLUMN WHICH BEST REPRESENTS THE OCCURRENCE OF EACH SYMPTOM:

	Never (0)	Seldom (1)	Occasionally (2)	Frequently (3)	Always (4)
Headaches with near work	☐	☐	☐	☐	☐
Words run together when reading	☐	☐	☐	☐	☐
Burn, itchy, watery eyes	☐	☐	☐	☐	☐
Skips/repeats lines when reading	☐	☐	☐	☐	☐
Difficulty copying from chalkboard	☐	☐	☐	☐	☐
Head tilt/closes one eye when reading	☐	☐	☐	☐	☐
Omits small words when reading	☐	☐	☐	☐	☐
Avoids near work/reading	☐	☐	☐	☐	☐
Writes up/down hill (Difficulty writing on the line)	☐	☐	☐	☐	☐
Misaligns digits/columns or numbers	☐	☐	☐	☐	☐
Poor reading comprehension	☐	☐	☐	☐	☐
Holds reading too close	☐	☐	☐	☐	☐
Difficulty completing assignments on time	☐	☐	☐	☐	☐
Poor coordination	☐	☐	☐	☐	☐
Squinting	☐	☐	☐	☐	☐
Short attention span	☐	☐	☐	☐	☐
Letter/number reversal	☐	☐	☐	☐	☐
Poor spacing when writing	☐	☐	☐	☐	☐
Uses finger as a marker	☐	☐	☐	☐	☐
Poor hand-eye coordination	☐	☐	☐	☐	☐
Frowning or blinking	☐	☐	☐	☐	☐
Poor/inconsistent in sports	☐	☐	☐	☐	☐
Eye turn	☐	☐	☐	☐	☐
For Office Use Only:	☐	☐	☐	☐	☐

Total for all (Except Never Category) ☐