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Dear

Please fill out the following questionnaire as completely as possible. You may wish to consult with your child's teacher to assist with some questions. The information provided will assist us in thoroughly assessing your child's overall development and to plan an examination particular to their needs. By writing comments and providing as complete a background as possible, you may present information here that you may prefer not to be discussed in front of your child.

1. CHILD'S INFORMATION

Name:	Surname-		First Name-		
Birth Date:	Date-		Month-		Year-
Sex:	Male / Female				
Address:					
Phone Numbers:	(H)		(W)		(M)
School:			Grade-		
Teacher:	(If Primary School)				
Referred By:			Profession-		
Main Reason for Examination:					

2. PARENT AND FAMILY INFORMATION

Mother:	Name-		Occupation-	
Father:	Name-		Occupation-	

Siblings:

Name-		Age-		Adopted (Y/N)-		Difficulty in school (Y/N)-	
Name-		Age-		Adopted (Y/N)-		Difficulty in school (Y/N)-	
Name-		Age-		Adopted (Y/N)-		Difficulty in school (Y/N)-	
Name-		Age-		Adopted (Y/N)-		Difficulty in school (Y/N)-	

3. FAMILY VISUAL HISTORY

	Glasses (Y/N)?	Short/Long sighted or Astigmatism?	Full/Part time wear?	Vision Training?
Mother:				
Father:				
Siblings:				

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4. FAMILY GENERAL HISTORY

Does anyone in your Family have-

	Y/N	Relationship		Y/N	Relationship
Glasses:			Learning difficulty:		
Diabetes:			Speech difficulty:		
Glaucoma:			Left/Right confusion:		
Cataracts:			Reading & writing difficulty:		
Other eye disease (Please specify)			Hyperactivity:		
Turned Eye (squint): Turning in or out?			Hearing problems:		

5. CURRENT SITUATION

How would you describe your child's general health?

Are any medications currently being taken by your child?

Has your child had any previous eye problems, and if so, were glasses recommended?

Does your child complain of...	Never	Sometimes	Often	When
Headaches?				
Blurred vision (distance)?				
Blurred vision (near)?				
Trouble changing focus?				
Eye strain?				
Double vision?				
Sore eyes?				
Red eyes?				
Excessive blinking?				

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6. ACADEMIC HISTORY

Age of entry into primary school ______ years ______ months

Did the child ever repeat a grade (incl 4 yr-old Kinder)? ______ If yes, which grade? ______

Has your child had any Reading Recovery or any remedial work at school? ______

If so, please describe what, and the end result ______

Academic Concerns	None	Moderate	Severe	Describe
Reading				
Spelling				
Writing				
Arithmetic				
Physical Education				

When reading or writing does your child...	Never	Sometimes	Often
Reverse letters?			
Reverse words?			
Skip or repeat words?			
Use a finger to keep their place?			
Move their head excessively?			
Lose their place on the page?			
Close or cover an eye?			
Tilt or turn their head?			
Show poor posture?			
Hold the page very close?			
Lose concentration quickly?			
Have little comprehension of material?			
Tire easily?			

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7. DEVELOPMENTAL HISTORY

Length of pregnancy:

Birth: Normal Forceps delivery Breech Birth Caesarian

Complications at birth: Y/N

Severe Jaundice (required phototherapy)

Anoxia (lack of oxygen)

Resuscitation

Incubator

Seizures

Poor sucking reflex

Other (Please specify)

Were there any early abnormal health complaints?

Please estimate the age of onset of the following developmental milestones. If unsure of the actual time, describe as early/average/late.

Crawling Standing Walking Speech (first word)

Which side is preferred for

Writing Throwing a ball Batting a ball Kicking a ball

Is the child clumsy?

Has your child previously been assessed by...

	Y/N	When?	Findings or Treatment
Audiologist?			
Speech Therapist?			
Occupational Therapist?			
Physiotherapist?			
Paediatrician?			
Educational Psychologist?			

If available, please enclose any reports you may have from any of the above regarding your child.

In the case of a school referral/recommendation, or a referral from another professional, any reports requested may have copies forwarded to the referee. Please provide details below (this will also confirm you are giving permission for us to send copies directly to them).

School Name

Address

Postcode

Teacher's Name

Referee Name

Address

Postcode