



**NAME**.....**date of birth**.....

**Address:**.....

**Parents/guardians names**.....

**Email address:**.....

**Ph**.....

**Medicare number**..... **child reference**.....

**School**.....**Year level**.....

**Teacher**.....**Name of referrer**.....

**GP details:**.....

**Names of other therapists/tutors**.....

.....

**Eye History:**

**Last eye exam location and date**.....

**Reason for eye exam today:**.....

.....

**Any previous eye care? When and with whom?**.....

.....

**Have you noticed your child has a turned eye? If yes, which eye, turning in or out, how often?**

.....

**Any spectacles, eye surgery or patching?**.....

**Any family history of spectacles, eye condition, turned/lazy eyes?**.....

.....

**General health**

**Any current or previous medical concerns?**.....



.....

**Any allergies.....**

**Any current or previous medications: name, frequency and age of child when given**

.....

**Any serious injuries, concussion or surgery?.....**

**Was pregnancy and birth normal? If no, give details.....**

**Has your child's development required assistance eg speech therapy, OT, Physio, Ed Psych, Other**

**?Details.....**

.....

**Is body co-ordination ( please circle)**

**Good..... Average..... Below average..... Dominant hand?.....**

**Any family history of medical, vision or learning difficulties?.....**

**Education progress**

**Any specific areas of concern?.....**

.....

**Visual Function Indications ( please circle)**

**Does your child complain of :    sore eyes    headaches    blurred vision    losing place**

**words moving    difficulty copying from board    fatigue at end of day    double vision**

**slow copying/ writing skills**

**Have you noticed if your child: ( please circle)    moves close to page    uses finger**

**skips lines or words    rubs eyes    blinks excessively    distracts easily    low attention span**

**poor comprehension    avoids reading or writing    closes or cover 1 eye**

**Visual Processing Indicators ( please circle)**

**Does your child: confuse left and right    reverse letters or numbers    confuse similar words**

**untidy writing or page organization    poor recognition of familiar words    poor memory**

**difficulty with reading, spelling, maths    performs orally better than written tasks**

**cannot perform series of tasks**

**Cost will be approx. \$100 -\$170 for a 1 hour extensive appointment with a part medicare rebate.**

**Health fund rebates can be submitted privately with your receipt.**

**Parking is next door in the carpark to the left of the building with a gate code 3588# for entry. Our allocated spaces are the 3<sup>rd</sup> and 4<sup>th</sup> on the right after entry.**

**Our premises are located in the front office building on the ground floor to the right of the front door.**

**Please complete this form and bring with it you on the day or email to contact@eyesensevision.com.au**