Visual History Form

Y= Yes **N**= No
U= Uncertain **N/A**=Not Applicable

Current Visual Status			
• Are you having problems seeing in the distance?	Y	N	U
• Are you having problems seeing while reading?	Y	N	U
• Are you interested in seeing without glasses?	Y	N	U
Last Eye Exam			
• How long ago was your last eye exam? [ ] 1 yr [ ] 2 yr [ ] 3 yr [ ] 4 yr [ ] 5 yr [ ] Longer			
• Where was your last eye exam? _____			
Computer Usage			
• Do you work on a computer?	Y	N	N/A
• How much time do you spend on a computer per day? [ ] 1 hr [ ] 2 hrs [ ] 3 hrs [ ] 4 hrs [ ] 5 hrs [ ] 6 hrs [ ] 7 hrs [ ] 8 or more hrs			N/A
• Are you having problems seeing while on the computer?	Y	N	U
• Do you have headaches or eyestrain during or after computer work?	Y	N	U
• Do you have a separate prescription for working on computer?	Y	N	U
Contact Lenses			
• Are you interested in wearing contact lenses?	Y	N	U
• Are you currently wearing contact lenses?	Y	N	
• If YES, how long do you go before replacing your contact lenses? [ ] 1 day [ ] 2 weeks [ ] 1 month [ ] 2 months [ ] 3 months [ ] 6 months [ ] 1 year [ ] longer			
• Are you having any difficulty with your contacts?	Y	N	U
• Are you interested in seeing without contact lenses?	Y	N	U
Sports			
• Is your athletic performance less than expected?	Y	N	N/A
• Are your eyes unprotected during sports?	Y	N	U
Refractive Surgery			
• Have you had refractive surgery?	Y	N	
• Are you interested in refractive surgery?	Y	N	U

Students Please Complete This Section

In order to assist the doctor in evaluating all the visual skills needed in the learning environment, please check the boxes that apply to you or your child.

- ☐ Honors Curriculum
- ☐ Regular Classroom
- ☐ Poor Reading Comprehension
- ☐ Homework takes longer than it should
- ☐ Poor Grades
- ☐ Repeated Grade _____
- ☐ Tutor for _____
- ☐ Fast Reader/Average Reader
- ☐ Slow Reader
- ☐ Inconsistent or poor sports performance
- ☐ Doesn't enjoy reading
- ☐ Prefers to be read to
- ☐ Special Education ☐ 504 plan ☐ IEP
- ☐ Poor writing skills
- ☐ Short attention span
- ☐ Smart in everything but school
- ☐ Title I Reading
- ☐ Fatigue, frustration, stress
- ☐ Fine or gross motor skill difficulty
- ☐ Speech/Language
- ☐ Type of therapy: ☐ Occupational ☐ Speech ☐ Physical ☐ Psychological ☐ Other

If there is anything else about your child's vision that you would like to share with the doctor privately, please check here: ☐