

VISUAL CASE HISTORY - TEACHER'S OBSERVATIONS

Our Patient ID: _____

Child's Name: Mast/Miss _____ Date: _____
(First Name) (Surname)

School: _____ Grade: _____ Teacher: _____

I request and grant permission for the release of this information to my child's optometrist at Eyecare Plus.

(Signed by parent/guardian) _____

THIS INFORMATION IS CONFIDENTIAL

INTRODUCTION:

Following is a checklist of symptoms which have been found to be often associated with a vision problem. We realise that all these items may not apply to this student, or that you may not have had the opportunity to observe some of the items.

OBSERVATIONS:

Does this student display any of the following?

- | | | |
|---|---|------------------------------|
| 1. Complains of headaches: | <input type="radio"/> Y <input type="radio"/> N | When _____ How often _____ |
| 2. Complains of sore, red, watery eyes: | <input type="radio"/> Y <input type="radio"/> N | When _____ How often . _____ |
| 3. Complains of seeing double: | <input type="radio"/> Y <input type="radio"/> N | _____ |
| 4. Complains of blurry books or blackboard: | <input type="radio"/> Y <input type="radio"/> N | _____ |
| 5. Words or letters that run together: | <input type="radio"/> Y <input type="radio"/> N | _____ |
| 6. Letters move on the page or board: | <input type="radio"/> Y <input type="radio"/> N | _____ |
| 7. Likes to read, or avoids it: | <input type="radio"/> Y <input type="radio"/> N | _____ |
| 8. Short attention span (for age) with reading or writing: | <input type="radio"/> Y <input type="radio"/> N | _____ |
| 9. Loses place, skips words or lines: | <input type="radio"/> Y <input type="radio"/> N | _____ |
| 10. Uses a finger or marker to keep place: | <input type="radio"/> Y <input type="radio"/> N | _____ |
| 11. Holds work close to face when reading or writing: | <input type="radio"/> Y <input type="radio"/> N | _____ |
| 12. Slow or poor copier from board to books: | <input type="radio"/> Y <input type="radio"/> N | _____ |
| 13. Clumsy or poorly coordinated: | <input type="radio"/> Y <input type="radio"/> N | _____ |
| 14. Confuses right and left hands, or reverses letters or numbers: | <input type="radio"/> Y <input type="radio"/> N | _____ |
| 15. Is this student in the lower 1/3 of the class? | <input type="radio"/> Y <input type="radio"/> N | _____ |
| 16. What are the best subjects? | | _____ |
| 17. What are the poorest subjects? | | _____ |
| 18. In your opinion, does this student have the ability to achieve above the present level? | <input type="radio"/> Y <input type="radio"/> N | _____ |

Any other impressions, special help found effective, other pertinent observations or unusual characteristics of this student:

Signed: _____
(Teacher)