Cornelius J. Mietus, O.D.
1125 COAST VILLAGE ROAD, MONTECITO, CA 93108 • 805/969-2020

Patient Questionnaire: today's date______________
Patient's name________________________ date of birth______age_______
Parent's names____
Mailing address____
Phone numbers____

Copy of reports sent to:
Physician:____( )do not send
School/teacher_____________________________________( )do not send
Tutor/referring professional__________________________( )do not send

Developmental history:
Pregnancy term_____months, complications_____________________
Walked at____months, crawled before walking?_____, normal speech at___yrs.

Medical history:
Meds, injuries, trauma, serious or chronic illness, speech or hearing problems:
____
previous diagnosis, ADD, dyslexia etc.___________________________
blood type ___, food allergies_____________other allergies_____________
amalgam fillings, how many?________ heavy metal exposure?__________
pesticide exposure?__________ eats organic when possible?__________
please check all foods and products that patient eats or does not avoid:
wheat__, sugar__, artificial sweeteners__, artificial colors__, artificial flavors__,
cow dairy__, red meat__, deep-fried food__, tuna__, shrimp__, banana__,
orange__, cantaloupe__, potato__, pasta__, fluoride toothpaste__

sleeps well?__, slow starter in morning?__, gets sick easily?__
hours per week: TV__, video games__, computer__, cell phone__, sports__
hobbies:____

Educational history:
School attended now_____________________________ grade level_______
tutored, resource classes, special programs?___________________________
____

Visual history: previous exams? Glasses or contacts? Vision therapy?_____
____

Family history: strabismus (crossed or lazy eye), ADD, ADHD, dyslexia,
learning or reading problems in parents or siblings______________________
____

Other information:____
____

Observations and Symptoms

please check all that apply: patients, parents and teachers input helpful

( ) slow reading
( ) reads below grade level
( ) poor reading comprehension
( ) poor spelling
( ) fails to recognize known words
( ) hard to visualize what is read
( ) hard to describe what is read
( ) eyes tire when reading
( ) fatigues quickly when reading
( ) "nose to the page" when reading
( ) restless while reading, studying
( ) angles head when reading
( ) covers or closes one eye
( ) moves head when reading
( ) leans over, works close to page
( ) sees blurry when reading
( ) sees double when reading
( ) "words move around on page"
( ) loses place when reading aloud
( ) skips small words or lines reading
( ) rereads words or lines reading
( ) uses a finger, card to keep place
( ) rubs eyes during reading
( ) excessive blinking
( ) loses place when copying
( ) excessive time to complete work
( ) trouble keeping up in class
( ) easily distracted
( ) short attention span
( ) poor handwriting
( ) reverses letters b/d, p/q etc.
( ) reverses words, saw/was, etc.
( ) reverses numbers, 6/9, 3/5 etc.
( ) confuses letters/number names
( ) confuses right/left
( ) trouble with front/back etc.
( ) trouble following instructions
( ) unable to study on own
( ) easily frustrated with schoolwork

( ) poor math skills
( ) cannot easily do "mental math"
( ) counts on fingers
( ) trouble with math concepts
( ) trouble with math word problems
( ) misaligns digits in math work
( ) slow, poor test-taking skills
( ) trouble with multiple-choice tests
( ) headaches at/after school
( ) headaches from reading
( ) prone to motion-sickness
( ) "accident prone"
( ) trips, runs into things, people
( ) poor balance
( ) trouble riding 2-wheeler bike
( ) avoids racket sports, baseball
( ) trouble connecting with the ball
( ) ducks the ball when playing catch
( ) trouble keeping "eye on the ball"
( ) slow reaction time
( ) moves cautiously in new areas
( ) must touch, handle things
( ) poor eye-hand coordination
( ) trouble using scissors
( ) trouble learning to tie shoes
( ) trouble telling time with dial clock
( ) poor sense of time
( ) poor sense of direction, easily lost
( ) trouble reciting months of year
( ) afraid of heights, stairs, escalator
( ) fails to keep or make eye contact
( ) "spaces out" too often
( ) easily overwhelmed
( ) needs frequent breaks
( ) "acts out" at school, disruptive
( ) other comments________________
____
____
____