



Cornelius J. Mietus, O.D.

***VISION THERAPY SANTA BARBARA***

3710 State Street, Suite C, Santa Barbara, CA 93105 805.969.2020

PATIENT \_\_\_\_\_ date of birth \_\_\_\_\_ today's date \_\_\_\_\_

PARENT/RESPONSIBLE PARTY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

REFERRED BY \_\_\_\_\_

REPORT TO SCHOOL yes/no \_\_\_\_\_

REPORT TO DOCTORS yes/no \_\_\_\_\_

**DEVELOPMENTAL HISTORY**

Pregnancy term/complications \_\_\_\_\_

Crawled yes/no Walked at \_\_\_\_ months Normal speech at \_\_\_\_ years

**MEDICAL HISTORY**

Previous diagnosis, chronic illness, medications \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

**EDUCATIONAL HISTORY**

School attended now \_\_\_\_\_ grade level \_\_\_\_\_

Tutored, resource classes, IEP, 504 \_\_\_\_\_

VISUAL HISTORY previous exams, glasses, contacts, vision therapy \_\_\_\_\_

FAMILY HISTORY strabismus (lazy eye), ADD, ADHD, dyslexia reading or learning problems \_\_\_\_\_

OBSERVATIONS AND SYMPTOMS: Please mark all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> slow reading                         | <input type="checkbox"/> poor math skills                              |
| <input type="checkbox"/> reads below grade level              | <input type="checkbox"/> cannot easily do mental math                  |
| <input type="checkbox"/> poor reading comprehension           | <input type="checkbox"/> counts on fingers                             |
| <input type="checkbox"/> poor spelling                        | <input type="checkbox"/> trouble with math concepts                    |
| <input type="checkbox"/> fails to recognize known words       | <input type="checkbox"/> trouble with math word problems               |
| <input type="checkbox"/> hard to visualize what is read       | <input type="checkbox"/> misaligns digits in math work                 |
| <input type="checkbox"/> hard to describe what is read        | <input type="checkbox"/> slow or poor test-taking skills               |
| <input type="checkbox"/> eyes tire quickly when reading       | <input type="checkbox"/> trouble with multiple-choice tests            |
| <input type="checkbox"/> fatigues quickly when reading        | <input type="checkbox"/> headaches at/after school                     |
| <input type="checkbox"/> angles head when reading             | <input type="checkbox"/> prone to motion-sickness                      |
| <input type="checkbox"/> covers or closes one eye at times    | <input type="checkbox"/> trips, runs into things, bumps into people    |
| <input type="checkbox"/> moves head when reading              | <input type="checkbox"/> poor balance                                  |
| <input type="checkbox"/> leans over and works close to page   | <input type="checkbox"/> trouble riding 2-wheel bike                   |
| <input type="checkbox"/> sees blurry when reading             | <input type="checkbox"/> avoids racket sports such as baseball, tennis |
| <input type="checkbox"/> sees double at times or when reading | <input type="checkbox"/> trouble connecting with the ball              |
| <input type="checkbox"/> "words move around on the page"      | <input type="checkbox"/> ducks the ball when playing catch             |
| <input type="checkbox"/> loses place when reading aloud       | <input type="checkbox"/> trouble keeping "eye on the ball"             |
| <input type="checkbox"/> skips small words or lines reading   | <input type="checkbox"/> slow reaction time                            |
| <input type="checkbox"/> rereads word or lines                | <input type="checkbox"/> moves cautiously in new areas                 |
| <input type="checkbox"/> uses a finger or card to keep place  | <input type="checkbox"/> must touch or handle things                   |
| <input type="checkbox"/> rubs eyes during reading             | <input type="checkbox"/> poor eye-hand coordination                    |
| <input type="checkbox"/> excessive blinking                   | <input type="checkbox"/> trouble using scissors                        |
| <input type="checkbox"/> loses place when copying             | <input type="checkbox"/> trouble learning how to tie shoes             |
| <input type="checkbox"/> excessive time needed to finish work | <input type="checkbox"/> trouble telling time with dial clock          |
| <input type="checkbox"/> trouble keeping up in class          | <input type="checkbox"/> poor sense of time                            |
| <input type="checkbox"/> easily distracted                    | <input type="checkbox"/> poor sense of directions, easily lost         |
| <input type="checkbox"/> short attention span                 | <input type="checkbox"/> trouble reciting the months of the year       |
| <input type="checkbox"/> poor handwriting                     | <input type="checkbox"/> afraid of heights, stairs, escalator          |
| <input type="checkbox"/> reverses letters b/d, p/q etc.       | <input type="checkbox"/> fails to keep or make eye contact             |
| <input type="checkbox"/> reverses words saw/was etc.          | <input type="checkbox"/> "spaces out" too often                        |
| <input type="checkbox"/> reverses numbers 6/9, 3/5 etc.       | <input type="checkbox"/> easily overwhelmed                            |
| <input type="checkbox"/> confuses letter or number names      | <input type="checkbox"/> needs frequent breaks                         |
| <input type="checkbox"/> confuses right/left                  | <input type="checkbox"/> acts out at school, disruptive                |
| <input type="checkbox"/> trouble with front/back etc.         | <input type="checkbox"/> other comments _____                          |
| <input type="checkbox"/> trouble following instructions       | _____  |
| <input type="checkbox"/> unable to study on own               | _____  |
| <input type="checkbox"/> easily frustrated with schoolwork    | _____  |

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