

## STATE SCHOOLS' RELIEF

### OPTOMETRIST QUESTIONNAIRE

State Schools' Relief  
ABN 77 455 214 193

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PLEASE WRITE IN CAPITAL LETTERS

SCHOOL	SWAN HILL PRIMARY SCHOOL	YEAR & CLASS	
FIRST NAME		DOB	
SURNAME			
PARENT/GUARDIAN NAME			
MEDICARE NUMBER			
EXPIRY / VALID TO		REFERENCE No.	

Please tick and describe if required

When was your child's last eye exam?		<1 year	1-2 years	2-5 years	>5 years	Never
Yes	No	Does your child wear glasses?		If yes, what for?		
Yes	No	Has your child ever had eye surgery?		If yes, please describe		
Yes	No	Has your child received any eye patching/vision therapy?		If yes, please describe		

Please tick any of the following that you or your child's teacher has observed or that your child has complained about.

<input type="checkbox"/>	Blurred distance vision	<input type="checkbox"/>	Near blur/double vision	<input type="checkbox"/>	Slow reading
<input type="checkbox"/>	Closes one eye when reads	<input type="checkbox"/>	Tilts head	<input type="checkbox"/>	Avoids close work
<input type="checkbox"/>	Reading fatigue	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Eye turns in/out/up
<input type="checkbox"/>	Squints or blinks excessively	<input type="checkbox"/>	Red or watery eyes	<input type="checkbox"/>	Holds books too close
<input type="checkbox"/>	Loses place when reading	<input type="checkbox"/>	Uses finger to read	<input type="checkbox"/>	Skips or re-reads lines
<input type="checkbox"/>	Words move or run together	<input type="checkbox"/>	Doesn't complete work on time	<input type="checkbox"/>	Reverses letters and numbers
<input type="checkbox"/>	Poor spelling	<input type="checkbox"/>	Mistakes words with similar beginnings	<input type="checkbox"/>	Writes uphill/downhill/poor spacing
<input type="checkbox"/>	Trouble copying from board to book	<input type="checkbox"/>	Omits small words when reading	<input type="checkbox"/>	Other:

Family History – does anyone in the family have any of the following?

<input type="checkbox"/>	Glasses	<input type="checkbox"/>	Strabismus (turned eye) or lazy eye
<input type="checkbox"/>	Closes one eye when reads	<input type="checkbox"/>	Learning or reading problems