Dr. Randall Melchert
12750 W. Capitol Dr.
Brookfield, WI 53005

Name:_____ **Date:**_____

Children's Symptoms Checklist

__ Eyes are strained or tired when reading
__ Uses fingers to follow along reading
__ Tearing or rubbing eyes often
__ Difficulty concentrating on homework
__ Closing/covering one eye when reading
__ Reverses letters and/or numbers
__ Does Poorly on tests
__ Avoids reading
__ Diagnosed with Dyslexia
__ Loss of place when reading
__ Difficulty with copying from smartboard
__ Holding books close to eyes
__ Homework takes a long time to complete
__ Print runs together when reading
__ Difficulty remembering learned words
__ Complains of double vision
__ Diagnosed w/ ADD or ADHD
__ Reduced Reading Comprehension

Please List any medications that your Child is currently taking:

_____

Have any of your Childs' immediate relatives been diagnosed w/ the following?
If so, do you know who? (Great grandparents, grandma, grandpa, aunts, uncles, mom, dad, brothers, sisters)

Glaucoma:

Cataracts:

High Blood Pressure:

Diabetes:

Macular Degeneration:

Ocular Hypertension:

Has anyone in your family had any Eye Surgery? Do you know what the surgery was?

_____

Does your Child have any Allergies to medications? If so, what is the reaction? (Hives, rash, shortness of breath, nausea, etc.)

_____