



Dr. Stephen Cohen, O.D., P.C.

To complete this form you can:

- Print the form, fill it out and Fax it back to us at: 480.367.6711
• Bring the completed form to your appointment.

Student Eye Health and Vision Questionnaire

It is estimated that about 80% of learning is done through the visual system. Even though it is the predominant sense, the signs and symptoms associated with school-related vision problems are not always obvious. This checklist will help us to uncover any potential problems that could represent an obstacle to successful and efficient school performance.

Student Vision Checklist:

- Premature/difficult delivery Y N
• Eyes cross or turn out Y N
• Tends to rub eyes/blink often. Y N
• Burning/itching/tearing Y N
• Avoids close work Y N
• Headaches Y N
• Turn/tilt head to read Y N
• Loss of place with reading Y N
• Words appear to run into eachother Y N
• Frequent reversals with reading/writing. Y N
• Omits/substitutes small words with reading . . . Y N
• Uses finger/marker to keep place with reading. . Y N
• Dislikes reading Y N
• Decreased comprehension/retention Y N
• Places head close to desk/book when reading. . Y N
• Double vision Y N
• Blur of vision at any time Y N
• Distance blur after near work. Y N
• Performing below potential Y N
• Slow reader/slow to complete work Y N
• Poor eye-hand coordination Y N
• Short attention span Y N

Please provide any additional information below:

[Empty rectangular box for additional information]

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