



West Michigan Vision Specialists

## CHILD HISTORY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Who Referred you to **West Michigan Vision Specialists**? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### DEVELOPMENTAL HISTORY

**Milestones** (*Please note the approximate age at which the patient did the following*)

Crawled \_\_\_\_\_ Cruised \_\_\_\_\_ Walked \_\_\_\_\_  
Spoke First Words \_\_\_\_\_ Talked \_\_\_\_\_ Is speech clear to others? Y N  
Dressed Self \_\_\_\_\_ Tied Shoes \_\_\_\_\_ Managed snaps/zippers/buttons \_\_\_\_\_  
Rode tricycle \_\_\_\_\_ Rode two wheeler bike (w/o training wheels) \_\_\_\_\_  
Used writing utensil \_\_\_\_\_ Used scissors \_\_\_\_\_ Used straw \_\_\_\_\_

Prefers Hand L R, age established \_\_\_\_\_ Prefers Foot L R, age established \_\_\_\_\_  
Do either of these differ depending on the activity? Y N explain \_\_\_\_\_

### EDUCATIONAL HISTORY (*If patient is a student*)

Attended preschool? Y N, Age: \_\_\_\_\_ Age entered Kindergarten: \_\_\_\_\_  
Has any grade been repeated? Y N, explain: \_\_\_\_\_  
Does the patient like school? Y N Likes teachers? Y N Is school work difficult? Y N  
If so, what subjects are difficult? \_\_\_\_\_  
Does the patient seem to have more homework than peers? Y N  
Homework takes a long time? Y N  
Does the child seem to be under extreme tension or pressure when doing school work? Y N  
Explain: \_\_\_\_\_  
Does the child like to read? Y N Voluntarily: Y N  
Is the child in a special education classroom or program? Y N Type \_\_\_\_\_  
Does the child receive any resource assistance at school? Y N Type \_\_\_\_\_  
Describe any other school difficulties \_\_\_\_\_

## FAMILY HISTORY

Any other relative(s) have a learning difficulty? Y N, If yes, describe the relationship

Has the child ever been through a difficult/traumatic situation (loss of a parent, divorce, death, parental illness)? If yes, explain \_\_\_\_\_

How did the child respond to the situation? \_\_\_\_\_

Has the child adjusted? Y N Has the Family life stabilized at this time? Y N

Any other genetic or family information you feel would be helpful? Explain \_\_\_\_\_

## MISCELLANEOUS PATIENT INSIGHTS:

Please list the patient's strengths: \_\_\_\_\_

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Please add any other information that you feel would be helpful in treating the child \_\_\_\_\_

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As a parent/ guardian/patient **What are your goals for treatment?** \_\_\_\_\_

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## SENSORY PROCESSING & MOTOR CONTROL QUESTIONNAIRE

*[Please check any of the boxes that typically describe the patient. Feel free to underline the statements that are of a particular concern. Some of the questions are "fill in the blanks". We understand that this is a very detailed list of questions, but answering them as accurately as possible helps us get a thorough understanding of the patient and his/her needs. Thank you.]*

### **Vestibular (Movement and Balance):**

- Becomes overly excited after movement activity
  - Thrill seeker on playground
  - Avoids moving equipment on playground
  - Prefers the \_\_\_\_\_ equipment, on the playground
  - Difficulty sitting still (wiggles, rocks, bounces)
  - Seeks intense movement: spins, twirls, jumps, bounces, rocks
  - Shakes head vigorously, assumes upside down position frequently
  - Uncomfortable on elevators, escalators, motion sickness
  - Excessive dizziness or nausea from swinging, spinning, or riding in car
  - Preoccupied with movement activities
  - Avoids activities requiring balance
  - Poor negotiation on uneven terrain
  - Loses balance easily
  - As an infant, tended to arch back when held or moved
  - Avoids activities in which feet have to leave the ground (becomes anxious or distressed)
  - Fearful of simple challenges to balance; give example \_\_\_\_\_
  - Fear of falling when no danger exists
  - Trips easily; appears clumsy
  - Fear of heights; cautious when climbing
  - Fearful or hesitant when climbing, descending stairs (seeks hand railing or wall)
  - Dislikes being moved
  - Protests head being tipped backward
  - Fearful of being tossed in air or turned upside down
  - Bumps head often; doesn't extend arms when pushed from behind
  - Appears to hold head, neck and shoulders stiffly
  - Holds head upright when bending over or leaning (dislikes somersaults)
  - Dislikes riding in a car
- Other comments: \_\_\_\_\_
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## Proprioceptive Function (body position)

- Difficulty judging movement; uses too little or too much power/force
  - Insecure regarding body movement
  - Poor posture/postural instability
  - Slumps in chair with rounded back and head forward and extended
  - Props self on forearms for support while sitting to read, doing homework
  - Prefers or avoids crunchy food (circle one)
  - Difficulty in changing position or moving slowly
  - Avoids vibratory devices (hair clippers, electric toothbrushes)
  - Seeks vibratory stimulation
  - Craves tumbling or wrestling
  - Frequently gives or requests firm prolonged hugs
  - Seeks out adults on playground
  - Walks on toes frequently
  - Drags feet or poor heel-toe pattern when walking
  - Wide based stance
  - Turns whole body to look at person or object
  - Moves stiffly
  - Holds head, neck, and shoulders rigidly
  - Plays roughly with people or objects
  - Bumps into things
  - Avoids participation in ordinary movement experiences; give example \_\_\_\_\_
  - Resists new physical challenges, saying "I can't" without attempting
  - Seems weaker, or tires more easily than peers
  - Locks joints - knees or elbows – for stability
  - Appears lethargic
  - Seeks sedentary play
  - Leans on objects or people for stability
  - Difficulty with pencil grasp; either too weak pencil grasp/light pencil pressure or too firm of grasp/pushes too hard
  - Cannot lift heavy objects
  - Moves with quick bursts of activity rather than sustained movement
  - Achieves standing posture by pushing off floor with hands
  - Sits on floor with legs in "W" position
  - Loose joints
  - Collapses on furniture
  - Avoids heavy work
  - Seeks opportunities to fall, crash into things
  - Stamps or slaps feet on ground when walking
  - Kicks heels against floor or chair
  - Bangs stick or other object along wall or fence when walking
  - Cracks knuckles
  - Sets jaw when applying effort with extremities
  - Grinds or clenches teeth, bites or chews objects, or clothing
  - Appears to tire easily when standing or holding a certain body position
- Other \_\_\_\_\_
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## Auditory

- Overly sensitive to loud sounds or noises
- Overreacts to unexpected or loud noises (sirens, alarms, etc.)
- Covers ears to shut out auditory input
- Hears sounds others don't hear or before others notice
- Sensitive to certain voice pitches
- "Tunes out" or ignores sounds nearby
- Unable to pay attention when other sounds are near by
- Irrational fear of noisy appliances
- Can only work with TV or stereo on
- Hums, sings softly or "self talks" through a task
- Language hard to understand
- Voice volume too soft or too loud
- Seeks out toys, other objects which make sound
- Craves music, or other specific sounds. Explain \_\_\_\_\_
- Needs visual cue to respond to verbal commands or request
- Needs increased volume to respond
- Mispronounces words for example: bis-ghetti, maz-agine
- Doesn't respond when name is called
- Appears not to hear what is said
- Misunderstands what you say
- Doesn't seem to hear the beginning or middle of statements
- Frequently asks you to repeat what you have said
- Slow or delayed responses
- Difficulty sequencing the order of events when telling a story/describing an event
- Word finding difficulty
- Not precise in word selection
- Limited use of descriptive vocabulary
- Participates little in conversations
- Enjoys strange noises, makes repetitive sounds

Other comments: \_\_\_\_\_

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## Activity Level

- Always busy and on-the-go
- Prefers quiet sedentary play
- Avoids quiet play
- Jumps from one activity to another so frequently it interferes with play
- Difficulty paying attention
- What is the patient's reaction to fatigue? Explain \_\_\_\_\_

Other comments: \_\_\_\_\_

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## Oculo-Motor Control & Visual Perception

- Frequent headaches. When? \_\_\_\_\_
  - Blurred vision. When? \_\_\_\_\_
  - Squinting. When? \_\_\_\_\_
  - Double vision. When? \_\_\_\_\_
  - Complains that eyes are tired or hurt. When? \_\_\_\_\_
  - Poor depth perception (difficult/ hesitancy climbing / descending stairs, stepping up/off a curb...)
  - Poor awareness of space in relation to things around self (bumps into objects)
  - Skips words/lines or loses place easily when reading
  - Letter/number/word reversals
  - Overly sensitive light/sunlight
  - Bothered by bright light after others have adapted
  - Large pupils in normal light
  - Prefers to be in the dark
  - Difficulty tracking/following a moving object
  - Poor visual monitoring of hand movement when writing/manipulating objects
  - Poor eye contact or avoids eye contact
  - Dislikes having vision occluded (blocked or covered) or being in the dark
  - Difficulty with near/far accommodation (copying from the chalkboard to paper)
  - Squints, bloodshot eyes, teary eyes, raises eyebrows, rubs eyes (circle all that apply)
  - Gets lost easily
  - Poor visual monitoring of environment (isn't aware of the changing environment)
  - Hyper vigilant of surroundings, or visually distracted by environment
  - When playing with puzzles – has difficulty with or enjoys them (circle best choice)
  - Writes illegibly/misplaced on lines or the page
  - When drawing – dislikes drawing or likes drawing (circle best choice)
  - Difficulty finding objects in a complex background (toy on a messy floor or object in a bin)
  - Over stimulated by busy environment
  - Keeps eyes too close to work/or book
  - Tilts head/props up head or lays head on arm with deskwork, reading or drawing
  - Closes one eye while performing a visual task
  - Covers one eye while performing a visual task
  - Frequent styes
  - Excessive blinking
  - Poor posture when reading
  - Poor general coordination
  - Stares intensely at people or objects
  - Doesn't notice when people enter the room
  - Uses peripheral (outer) vision more than central
  - Rereads material often
  - Vocalizes or mouths words when should be reading silently
  - Reads slowly or with great effort
  - Must use finger to keep place while reading
  - Poor reading comprehension
  - Moves head excessively when doing anything visual
  - Tires easily after a visual task
  - Avoids near tasks
  - Inability to see far objects
- Other comments: \_\_\_\_\_

## Tactile Function

- Excessive reaction to light touch sensation (anxiety, hostility, aggression)
- As infant, not calmed by cuddling/stroking
- Difficulty standing in line or close to other people
- Doesn't perceive personal space; stands too close to people to the point of irritation
- Tenses when patted affectionately
- Negative reaction to unseen, unexpected touch
- Likes clothes to cover entire body, regardless of weather
- Avoids certain textures of clothing, materials
- Wears minimal clothing regardless of weather
- Unable to identify familiar objects via touch only
- Avoids putting hands in messy substances/getting dirty
- Engages in self-injurious behaviors; list \_\_\_\_\_
- Likes to be wrapped tightly in sheet or blanket, seeks tight spaces
- Engages in self-stimulatory behaviors; list \_\_\_\_\_
- Frequently adjusts clothing as if feeling uncomfortable
- Touches everything; can't keep hands to self
- No apparent response to being touched or bumped
- Avoids busy, unpredictable environments
- Intent on controlling/manipulating to keep environment predictable
- Particular about certain clothes or bed sheets
- Rigid rituals in personal hygiene
- Withdraws from splashing water
- Leaves clothes twisted on body
- Displays unusual need for touching certain surfaces, toys or textures
- Hyper-responsive gag reflex (with food textures, food utensils in mouth, brushing teeth...)
- Resistive to personal grooming activities such as haircut, nail trims, dentist
- Extreme reaction to tickling
- Examines objects by placing in mouth
- Sensitivity to pain – appears oversensitive or under sensitive (circle)
- Socks have to be "just right"; no wrinkles, twisted seams
- Difficulty identifying which parts of body are touched without seeing
- Untidy/messy dresser
- Shoes worn loose or untied, or on wrong feet
- Poor awareness of body part relationships
- Rubs or scratches a spot on the body that has been touched

Other comments:

## Taste and Smell

- Avoids crunchy, chewy foods
- Examines objects by placing in mouth
- Picky eater; prefers certain textures; list \_\_\_\_\_
- Limits self to particular foods/temperatures; list \_\_\_\_\_
- Shows strong preference for certain smells/taste: list \_\_\_\_\_
- Will only eat certain foods: list \_\_\_\_\_
- Deliberately/routinely smells non-food objects
- Chews on or licks non-food objects
- Craves certain foods: list \_\_\_\_\_

- Highly sensitive to common odors or to faint odors unnoticed by others
- Does not seem to notice unpleasant smells
- Will not taste food prior to smelling it and "approving of its smell"
- Prefers bland foods or highly seasoned foods
- Hypersensitive to body odors such as breath or scents of soap, perfume, etc.
- Tends to be overly focused on the taste or smell of non-food items

Other comments: \_\_\_\_\_

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## **Suck, Swallow, Breathe Synchrony**

- Difficulty using straw
- Poor lip closure on eating, drinking, utensils
- Limited skill with blow toys
- Able to whistle
- Poor saliva control/drooling
- Tongue thrust
- Chokes easily on liquids and/or solids
- Shallow breathing pattern
- Holds breath when applying effort
- Poor breath support for speech/gasps
- "Breathy" speech
- Speech volume barely audible
- Puts hands on hips to increase lung capacity
- Mouth breathing
- Lower rib cage flared

Other comments: \_\_\_\_\_

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## **Fine Motor Skill**

- Difficulty drawing, coloring, cutting, avoids these activities
- Lines drawn are too light, wobbly, too dark, breaks pencil often
- Lack of well-established hand dominance
- Difficulty using two hands together
- Prefers to eat with fingers
- Difficult/impossible to manage snaps \_\_\_\_\_, zippers \_\_\_\_\_, buttons \_\_\_\_\_
- Immature grasp of tools such as pencil, fork, spoon, toothbrush
- Enjoys manipulatives, puzzles, constructive toys

Other comments: \_\_\_\_\_

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## **Bilateral Motor Coordination & Motor Planning**

- Difficulty crossing body midline with head or extremities
- Limited rotation of pelvis and/or shoulder girdle around central core of body
- Poor coordination of both eyes, hands, and/or legs for symmetrical movements
- Difficulty performing two different tasks at same time (cut meat with knife and fork, or hold and turn paper while cutting with scissors)
- Letter and number reversals

- Poor reading speed and/or comprehension
- Ambidexterity/mixed hand dominance
- Difficulty with projected action sequences (catch a ball, bat a ball)
- Difficulty performing a new as opposed to habitual, motor response strategy
- Disorganized approach to tasks
- Prefers talking rather than doing
- Problems in construction and/or manipulation of materials
- Poor articulation
- Handwriting deficits
- Unable to conceive, organize, and sequence movements required to complete a task
- Insufficient body awareness
- Inefficient/disorganized with self-help skills
- Poor gross/fine motor control of body when attempting new activities
- Misunderstands meaning of verbal cues when instructed to move or position body
- Difficulty positioning self squarely on furniture or equipment
- Poor visual/motor coordination
- Difficulty imitating motions or playing games such as "Simon says"
- Fails to adapt body posture to demands of activity
- Extraneous movement relative to demands of task
- Difficulty with timing and rhythm movements

Other comments: \_\_\_\_\_

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## **Emotional/Social Behaviors**

- Intense or explosive
- Easily frustrated or anxious
- Can't sit still, hyperactive
- Clingy, whiny, cries easily
- Stubborn, inflexible, uncooperative
- Poor self-esteem
- Highly sensitive; can't take criticism
- Feelings of failure/frustration
- Gives up easily
- Hard to awaken in the morning
- "Up and ready to go" in the morning
- Difficulty getting to sleep
- Difficulty making choices
- Tantrums
- Describe sleep: restless or deep or light sleeper (circle)
- Fearful; list fears \_\_\_\_\_
- Difficulty adjusting to changes in routine
- Slow to/or unable to make timely transitions
- Prefers to play with younger children
- Prefers the company of adults or older children as opposed to peers
- Easily discouraged or depressed
- Enjoys team sports
- Poor loser

- Fails to see humor in situations
- Needs more protection from life than peers
- Accident prone
- Difficulty expressing emotions verbally
- Overly serious
- Active, outgoing, enthusiastic
- Can be stubborn, uncooperative
- Inefficient way of doing things
- Seems to like him/herself
- Is overly critical of him/herself
- Is overly affectionate with others
- Has difficulty making friends
- Doesn't perceive body language or facial expressions
- Has difficulty recognizing faces
- Enjoys other children of similar age
- Has sleep difficulties
- Reacts to tension by: \_\_\_\_\_(thumb sucking, nail biting, grinding teeth)
- Describe your child's sleep/wake routine: \_\_\_\_\_

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Other comments: \_\_\_\_\_

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