

Vision Development Institute, P.C.
Hans F. Lessmann, O.D., F.C.O.V.D.
Towne Centre Offices Suite 130
1789 South Braddock Avenue
Pittsburgh PA 15218

Phone (412) 731-5007

FAX (412) 731-5251

Thank you very much for your interest in the Vision Development Institute. Enclosed you will find a patient history questionnaire.

Please return all of the attached forms as they may apply to your case to our office so that we can have time to review your case and make any calls before your scheduled appointment.

Please anticipate weather and local traffic conditions and plan to arrive approximately 15 minutes before your scheduled time on this first visit.

If you have not already done so, please send a \$25.00 Registration Fee to the above address immediately, to reserve your scheduled time. This non-refundable deposit will then be applied to the total fee, leaving the balance due and payable at the time of the exam.

An audio taped summary of your conference will be provided upon request. There is an additional fee for any written reports, if you request them.

Please be sure to attach a current photo in the appropriate spot on the form provided.

We look forward to working with you in what appears to be a very interesting case.

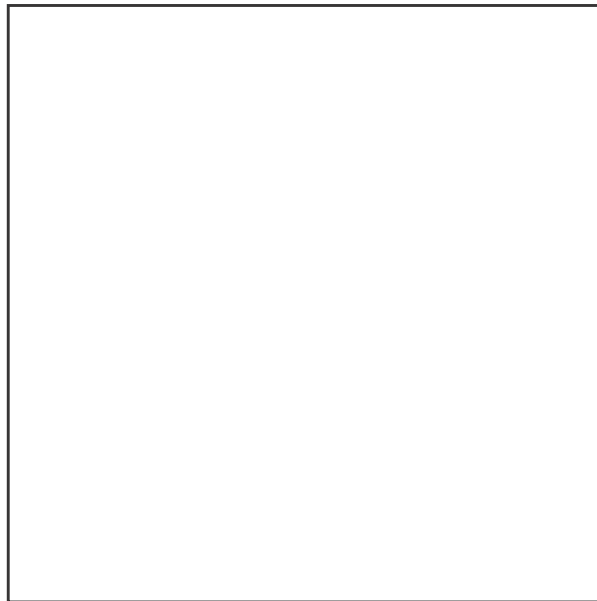
Sincerely,

THE VISION DEVELOPMENT INSTITUTE

NOTE: If you are covered by health insurance, please bring a completed form and/or your insurance ID cards with you. (A Major Medical Form if Comprehensive Blue Cross and Blue Shield). All fees are due and payable at the time of the evaluation by check, cash, Debit card, MasterCard, Visa, Discover or American Express.

INTRODUCING ...

Patient's Name: _____



Please attach a recent photo here.

Email address: _____

Please send, prior to your appointment if possible, otherwise bring with you to the initial visit any reports from doctors or clinics or school that you may be able to share with our staff.

Name: _____ Male ____ Female ____ DOB: ____/____/____

Home Phone: _____

Home Address: _____
Street City State Zip Code

Parent(s) or Guardian(s): _____ Adult(s) Occupation: _____

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How did you learn about our program? ☐ Current Patients ☐ Friends/Family ☐ Ads
☐ Website ☐ Newspaper story ☐ Referred by Dr. _____**Eye History**

Have you ever noticed any of the following happening with your baby's eyes? (check any that apply)

Eye turn: ☐ in ☐ out ☐ Eyes watering ☐ Eyes red ☐ Swelling around eyes ☐ White appearance in pupil

Explain any eye concerns noted by observing child: _____

Developmental and Health History**Pregnancy**

Length of pregnancy: ____ weeks List any complications during pregnancy: _____

Other Pregnancy issues: _____ *Check if pregnancy uncomplicated* ____**Delivery**

Birth Weight _____ Parent's ages at time of birth: Mother ____ Father ____

List any complications during delivery _____

Was oxygen used? ____ No ____ Yes APGAR score at birth: ____ (if known) *Check if delivery uncomplicated* ____**Medical**

Child's Doctor: _____ Last Exam Date _____ Are immunizations up to date ____ Yes ____ No

Does your baby have any known food or drug allergies? ____ No ____ Yes: _____

Check all of the following that your baby can do at this time: ____ Roll over ____ Sit ____ Crawl ____ Stand ____ Walk

Has your baby ever had a high temperature (fever)? ____ No ____ Yes, how high? _____

Does your baby suffer from colic? ____ No ____ Yes, grade ____ mild ____ moderate ____ severe

Has your baby ever had tubes in the ears: ____ No ____ Yes

Please List any childhood illnesses your baby has had:

____ Illness ____ Age at the time. Was the illness? ____ mild ____ moderate ____ severe

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List ALL medications taken regularly: ____ None List _____

List any accidents, eye, or head injuries, and age they occurred: _____

Please list any other conditions or behaviors we should know about: _____

Family History- Please list any family member with a history of eye or medical problems. List the relation and type of problem.

Thank you for carefully completing this confidential questionnaire. This information will allow for a more efficient use of examination time and will contribute to the understanding of infant eye and vision development.

Parent/ Guardian Signature

Date: ____/____/____

Lifestyle Checklist

Name: _____ H C S _____ PRE POST INTERIM

Please assign a value between 0 and 4 for each symptom.
0=never or non-existent / 1=seldom / 2=occasionally / 3=frequently / 4=always

	date				
1	Blurred vision at near				
2	Double vision				
3	Headaches associated with near work				
4	Words run together when reading				
5	Burning, stinging, watery eyes				
6	Falling asleep when reading				
7	Vision worse at the end of the day				
8	Skipping or repeating lines when reading				
9	Dizziness or nausea associated with near work				
10	Head tilt or closing one eye when reading				
11	Difficulty copying from the chalkboard				
12	Avoidance of reading and near work				
13	Omitting small words when reading				
14	Writing uphill or downhill				
15	Mis-aligning digits in columns of numbers				
16	Reading comprehension declining over time				
17	Inconsistent/poor sports performance				
18	Holding reading material too close				
19	Short attention span				
20	Difficulty completing assignments in reasonable time				
21	Saying I can't before trying				
22	Avoiding sports and games				
23	Difficulty with hand tools-scissors, calculator, keys, etc.				
24	Inability to estimate distances accurately				
25	Tendency to knock things over on desk or table				
26	Difficulty with time management				
27	Difficulty with money concepts, making change				
28	Misplaces or loses papers, objects, belongings				
29	Car sickness/motion sickness				
30	Forgetful, poor memory				
Total Score					

POST-CONCUSSION SYMPTOM SCALE

Please use the following scale to rate each symptom:

None Mild Moderate Severe

0 1 2 3 4 5 6

SYMPTOMS	SEVERITY RATING					
	Date:	Date:	Date:	Date:	Date:	Date:
Headache						
Nausea						
Vomiting						
Balance Problems						
Dizziness (spinning or movement sensation)						
Lightheadedness						
Fatigue						
Trouble falling asleep						
Sleeping more than usual						
Sleeping less than usual						
Drowsiness						
Sensitivity to light						
Sensitivity to noise						
Irritability						
Sadness						
Nervous/ Anxious						
Feeling more emotional						
Numbness or tingling						
Feeling slowed down						
Feeling like "in a fog"						
Difficulty concentrating						
Difficulty remembering						
Visual problems						
Other						
Total						

**Directions to Edgewood Towne Centre
Vision Development Institute, PC
1789 S. Braddock Ave, Ste 130, Pittsburgh PA 15218 – 412-731-5007**

The Towne Centre Offices, in the Edgewood Towne Center shopping complex, is a five-story brown brick building that is next to PNC Bank, and Giant Eagle. Our office is on the first floor through the front entrance and we are the only suite #130 before you go up the elevator. Free Parking. Many shops, restaurants, and fast food can be found in the Edgewood Towne Centre. Before 8:00 AM and after 5 PM weekdays, and 24 hours on weekends, the building is secured. You will be asked to sign in by the security guard if you enter during those times. If the front door is locked, please knock to get the attention of the security guard.

From The North (also see From the West below for I-79, 279,579)

Routes 8 and 28: use Washington Blvd. turn left onto Penn Avenue and then turn right on S. Braddock Avenue at the Shell gas station. Follow S. Braddock Avenue past Frick Park and Forbes Avenue through Regent Square, under the Parkway to the Edgewood Towne Centre Offices on the left. See additional detail above.

From the South

Route 837 to the Rankin Bridge – head straight through the traffic light and up the hill to the second light onto Braddock Avenue. Stay on Braddock through two stop signs and three traffic lights and be in the left lane at the Arby's restaurant. Jog left, then down and under the railroad tracks. Towne Centre Office building will be immediately to your right.

From the East

Follow the Parkway East inbound (I-376 West) to exit 7 Edgewood/Swissvale. At the end of the off-ramp, turn left onto S. Braddock Avenue, keeping in the left/center lane up to the hill. At the 2nd light turn left into Edgewood Towne Centre and park to the right of Giant Eagle. See additional detail above.

From the West (Airport, I-279, I-376 E, I-79, I-579 N)

Enter the city, getting onto the Parkway East (I-376 E to Monroeville) from the Fort Pitt Bridge or Blvd. of the Allies. Continue on I-376 E through the Squirrel Hill Tunnels and take Exit 7 Edgewood/Swissvale. Upon exiting, bear right toward Swissvale and turn left at the stop sign. At the BP station at the bottom of the hill, turn right onto S. Braddock Avenue. Keep in the center lane up the grade to the second traffic light. Turn left from the center-left lane then right at the Giant Eagle toward Towne Centre Offices.