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## HISTORY SUPPLEMENT FOR STUDENTS (6 - 17 yo)

Patient: \_\_\_\_\_

YES	NO	
_____	_____	School performance up to potential.
_____	_____	Difficulties with 3-D movies / books (ie headaches, eyestrain, blurriness, inability to appreciate 3-D).
_____	_____	Reversals when reading (was – saw, on – no) or writing (b for d, p for q).
_____	_____	Transposition of letters or numbers (21 for 12).
_____	_____	Uses finger as marker when reading.
_____	_____	Skips and rereads words and/or letters.
_____	_____	Blurred vision with reading, writing, or computer.
_____	_____	Complains of print “running together” or “jumping around.”
_____	_____	Blurred <b>distance</b> vision <i>after</i> prolonged reading, writing, computer
_____	_____	Poor handwriting.
_____	_____	Clumsiness, or poor eye-hand coordination.
_____	_____	Double vision. <input type="checkbox"/> Near <input type="checkbox"/> Far
_____	_____	Headaches associated with visual tasks.
_____	_____	Reports sensation of eyes “not working together.”
_____	_____	One eye turns in or out, up or down at any time.
_____	_____	Experiences unusual fatigue or eye pain with visual concentration.
_____	_____	Excessive: <input type="checkbox"/> Tearing, <input type="checkbox"/> Blinking, <input type="checkbox"/> Red eyes, <input type="checkbox"/> Rubbing eyes.
_____	_____	Tilts or turns head excessively.
_____	_____	Closes or covers one eye in bright light or during visual tasks.
_____	_____	Moves head forward or backward while looking at an object near or far.
_____	_____	Makes errors while copying from board/computer to paper.
_____	_____	Avoids reading / close work.
_____	_____	Holds book too closely.
_____	_____	Apparent intellect matches academic performance.

Completed by: \_\_\_\_\_

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