

Grove Eye Center
Dr. Buddy Yandell

Dr. Ramie Lay

Children's Symptoms Checklist

This checklist will allow us to better serve you and your child's visual needs. Please answer the following questions:

1. Does your child have reading problems? _____
 - a. If so please explain _____

2. Has your child's teacher expressed concern about your child's vision? _____

3. Has your child ever had a turned eye or a "lazy eye"? _____
 - a. If so, how often does the eye turn? _____
 - b. Has your child ever been treated for the eye turn with vision therapy or surgery? _____

4. Does your child complain of headaches? _____
 - a. If so, when do the headaches occur and how often? _____

5. Has your child every worn glasses? _____
 - a. If so, when and how long did they wear the glasses? _____

6. Does your child complain that they cannot see? _____

7. Is your child over the age of 7 and still reversing letters and words? _____

8. Is there any other concerns you have about your child's vision? _____

Thank you for assisting in your child's vision care!