



DR. RICK THOMPSON
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Developmental, Rehabilitative & General Optometry

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Brampton, ON L6S 0C1 F: 905-793-8528

Instructions for Using Online Forms

1. Open file in browser (click on form link)
2. Save to desk top
3. Fill in blue area on downloaded copy
4. Under printers, if you can, save as pdf and save somewhere on your computer where you can locate it easily
5. Email the filled in form to contact@drrickthompson.ca (attach form to email) OR
6. Print the filled in form directly from your browser and fax to (905) 793-2020



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CHILD/YOUTH INFORMATION

Last name: _____ First Name: _____ (M / F)

Date of Birth (mm/dd/yy): _____ Health Card #: _____ VC: ___ Home

Address: _____ Apt/Unit#: _____

City: _____ Postal Code: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

How did you hear about us? _____

When was your last eye exam? _____ Who was the eye doctor? _____

Medical History.....

- Autism/ASD/Aspersers
- ADD/ADHD
- Developmental Delay
- Premature
- Tubes in ears
- Broken bones
- Diabetes
- Asthma
- Other _____
- List Medication _____
- List Allergies _____

Family Eye / Family Medical Problems

Eye History.....

- Cataracts
- Retinal detachment
- Macular degeneration
- Colour blindness
- Turned or wandering eye
- Eye surgery
- Dry eye
- Lazy eye
- Vision therapy
- Eye injury

Current Appearance or behaviours...

- Red eyes
- Watering eyes
- Discharge from eye
- Rubs eyes
- Sensitive to light
- Poor concentration/ easily distracted
- Angry
- Depressed
- Happy

Current Symptoms.....

- Trouble seeing distance
- Trouble reading
- Blur
- Dry eyes
- Itchy eyes
- Tired eyes
- Burning eyes
- Double vision
- Flashes
- Spots
- Achy eyes
- Nausea
- Dizziness

Uses.....

- Eye drops
- Eye Glasses
- Contact lenses
- Sunglasses
- Hot compresses
- Eye patch

Educational History

Current School / grade: _____

Is your child receiving any tutoring, extra help or special classes? Yes No

Does your child have an IEP? Yes No

Reading

Above Grade On Grade Below Grade

- Loss of place
- Words move or running together
- Poor reading comprehension
- Word reversals
- Avoids reading
- Poor, inefficient reading
- Holds book close
- Head aches

Other _____

Printing/Writing/Spelling

Above Grade On Grade Below Grade

- Letter reversals
- Difficulty copying from board
- Poor Printing

- Poor cursive writing
- Poor spelling
- Other _____

Math

Above Grade On Grade Below Grade

- Difficulty with word problems
- Misaligns numbers
- Difficulty with addition
- Difficulty with fractions
- Difficulty with multiplication
- Difficulty with geometry
- Other _____

Gym/Sports/Coordination

Above Grade On Grade Below Grade

- Eye-hand difficulty (kicking, throwing, catching)
- Difficulty with fine motor control (manipulation with hands/fingers)
- Difficulty with gross motor control (running, hopping)
- Skipping and rhythm
- Balance problems
- Other _____

Developmental History

Were there any complications with pregnancy or during birth? Yes No

If yes, please describe _____

Was your child born prematurely? Yes No

If yes, how soon? _____

Child's birth weight: _____

When did your child begin walking unassisted? _____

When did your child begin toilet training? _____

When did your child begin to say 2-3 word phrases? _____

Any speech problems now or in the past Yes No

Does/did your child enjoy and participate in activities such as drawing, colouring, puzzles, block play, etc.?

- Yes
- No

At Home Habits

- Has a messy room
- Has trouble tying their shoes
- Is typically a messy eater
- Has difficulty using forks and knives
- Often forgetful
- Often clumsy
- Difficulty following verbal directions

Other Necessary Information _____
