| please answer all questions  | FILTH PULLOTUS POLISPOLITO:  |
|--|--|
| Have you worn glasses before?  | Eye Health History   |
| □ Drawing/Coloring □ Handheld Toys/Puzzle □ Playing Outside □ Videogames □ Sports □ Crafts □ Other □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | □ Diabetic Retinopathy □ Macular Degeneration □ Trauma □ Keratoconus/Corneal Disorder □ Retinal Defects/Degenerations □ Other □ None |

## please answer all questions from patient's perspective.



|         | nave sensory issues from                  | the weight of clothing                 | or shoes? ☐ Yes ☐ No ☐ Sometime | es 🔍 |
|---------|---|--|---------------------------------|------|
| Are yo  | u sensitive to sounds/noi                 | ses? 🗌 Yes 🔲 No                        | □ Sometimes                     |      |
| Do brig | ht lights bother you?                     | ☐ Yes ☐ No                             | □ Sometimes                     |      |
| Are you | ı verbal or partially verba               | <b>I?</b> □ Verbal □ Pa                | ortial                          |      |
| Elabora |   |  |                                 |      |
|         | ere any particular stims th               |  | DE AWAIE UI:                    |      |
|         | s there a time of day that  Barly Morning | works better for you?  Early Afternoon | ☐ Anytime                       | -    |
| 8       | T LATIV MODITION                          | ☐ Earry Arternoon                      | ☐ Allytille                     |      |
| T I     | ☐ Mid Morning                             | ☐ Late Afternoon                       | Other                           |      |

















