



ABEL • ROBSON • FALKENSTEIN
OPTOMETRISTS

Welcome to our Practice

You have booked for a comprehensive eye examination and we would like to thank you for letting us look after your eye health and vision care needs. In order to give you the best care possible and provide the most beneficial use of your time with us, please read the following and bring with you the requested items and forms. Please arrive 10 minutes prior to your scheduled appointment time in order to complete the check-in process. Our optometrists want to give you the most thorough care possible, so please allow at least 40 minutes for your eye examination.

Behavioural Eye Examinations

A behavioural eye examination may require us to perform additional tests, i.e. visual perceptual testing, which is not covered under Medicare or your private Health Fund. We encourage parents to accompany their child to the appointment and to refrain where possible from bringing siblings to the eye examination.

Pupil Dilation

To better evaluate your eye health, the optometrist may need to use drops to dilate your pupils. Side effects of pupil dilation include temporary light sensitivity and reduction in reading vision and sometimes distance vision. It is therefore advisable to bring your sunglasses and/or arrange a driver to take you home. The optometrist may need to run additional tests such as the Optical Coherence Tomography (OCT) or Topography, which will incur an additional cost.

Fees

Our standard fee for a first consultation ranges from \$120 to \$190. In most cases there will be a rebate from Medicare. Additional testing that maybe required will incur an extra cost. Reports requested by patients are ordinarily not included in the consultation. Comprehensive reports will incur an additional time based fee.

Please bring the following to your appointment:

- The completed questionnaire form
- Your Medicare card, Private Health Insurance card or Veteran Affairs card as appropriate.
- All prescription spectacles you currently use.
- If you wear contact lenses, please wear them to your appointment and bring your contact lens case. It is helpful to bring the boxes or lens packets that indicate all the lens details.
- Any prescription and non prescription eye drops and ointments that you use daily or occasionally.
- Any referrals or relevant reports from a Psychologist, Optometrist, Speech Pathologist or OT.

We are situated at **18a Starkey St, Forestville**. Parking is available behind the practice (enter through Violet Avenue as per map).

We look forward to seeing you soon! Do not hesitate to contact us if you have any questions.



ARF BEHAVIOURAL FAMILY VISION CARE

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Date: _____

PRESCHOOL CHILD – PARENT’S QUESTIONNAIRE

In order to allow more time to devote to the assessment of your child, it would be appreciated if you could complete the following information.

Child's Name _____ Date of Birth: _____ Age _____
Parent's Names: _____ Email _____
Address: _____
Phone(H) _____ (M) _____
Family GP _____

A. Concerns: Briefly detail your main concern:

1. _____

2. Who first recommended our practice to you.

B. Observations: Do you notice any of the following? Please ✓

- Unusual redness of the eyes Unusual redness of the lids Crusted Lids
Styes or sores on lids Excessive tearing Unusual lid droopiness Eye turn
Excessive rubbing of eyes Frequent closing of one or both eyes
Unusual clumsiness and bumping into objects

C. Visual History:

1. Has there been previous visual examination? When? _____ Which practitioner _____
2. Reason for previous examination _____
3. Previous treatment: Spectacles Patching Surgery Medication Vision Therapy
4. Family visual Difficulties. Are there any family members with visual difficulties. Yes No
If Yes. What? Eye turn Long/short sighted Colour Vision deficit
Diabetes Glaucoma Learning Difficulties

- Please turn over for next page!

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D. Developmental History

- 1. Was pregnancy and birth free from complications: Full term Premature Complications
- 2. Is your child Right or left handed Right Left
- 3. Have the following development areas been progressing as you would expect?

Milestones	Age
General growth	
Crawled	
Walked without assistance	
Spoke first words	
General coordination	

E. General Health:

- 1. Please describe your child's present health/ medical conditions/diagnoses:

- 2. Does your child attend, Occupational Therapy or Speech Therapy? Yes No

What is the therapy for? _____

Name of practitioner/s _____

- 3. Are any medications currently being taken Yes No If yes what? _____

- 4. Please ✓ any condition that applies:

Allergies Extreme fatigue Irritability Poor appetite Poor sleeping habits

Temper tantrums Destructive behaviour Epilepsy Impulsivity Bowel issues

NOTE:

- 1. Please include any additional information, such as reports from other professionals (speech therapist, occupational therapist), that will help us better understand your child.
- 2. Please bring any spectacles that have been prescribed for your child to the consultation. If unavailable and you have the prescription, please bring this in.

Thank you