



HELLERSTEIN & BRENNER
VISION CENTER, P.C.

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PROGRESS EVALUATION QUESTIONNAIRE

Name _____

Date _____

Please take a few minutes to fill this out before your progress evaluation and bring it to your appointment. Your feedback is important to us and to your care.

Please check yes or no to indicate whether or not you have seen improvement in any of these areas that are applicable:

	Yes	No	
Headaches	_____	_____	
Blurriness	_____	_____	
Fatigue	_____	_____	
Double vision	_____	_____	
Eyes Straight	_____	_____	More often _____
Red eyes	_____	_____	

List any additional symptoms that you feel may be important to this exam.

Have you gotten any feedback from teachers/coaches/other professionals?

Have you been willing to try any tasks that were once difficult or threatening?

At Home:	Has behavior improved?	Yes _____	No _____
	Has attention span improved?	Yes _____	No _____
	Following instructions better?	Yes _____	
No _____			
	Has writing improved (sizing, spacing, etc)?	Yes _____	No _____
	Has reading improved (fluency, loss of place, accuracy, etc)?	Yes _____	No _____
	Has comprehension improved?	Yes _____	No _____
	Has your attitude toward others changed?	Yes _____	No _____

List changes you have noticed in:

Sports and physical activities:

Fine motor skills:

How are you feeling about the changes you've seen in your progress at this time?

How is your (the patient) over all general health? Excellent ___ Good ___ Fair ___
Poor _____

Medications/Vitamins/Supplements:

Allergies:

Does the patient (Circle those that apply) Smoke Use Recreational Drug

Health Issues: Diabetes ___ High Blood Pressure ___ Hormone Replacement ___ Thyroid ___
Neurologic disorders ___ Any other eye Disease ___

Thank you.