

**DEVELOPMENTAL  
& BEHAVIORAL  
OPTOMETRISTS**

**PAULINE K. BUCK, OD, F.C.O.V.D., F.A.A.O**

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WELCOME TO OUR OFFICE.  
WE THANK YOU FOR CHOOSING US. DR. BUCK AND STAFF

Print Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Social Sec. \_\_\_\_-\_\_\_\_-\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_ If Child, Parent's Name \_\_\_\_\_

Name of Primary Care Physician/Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

What is the reason for your visit? \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

Primary Holder: \_\_\_\_\_

How did you find out about our office? \_\_\_\_\_

If someone referred you please indicate name: \_\_\_\_\_.

May we use your name in thanking that person? Yes \_\_\_\_ No \_\_\_\_

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4770 Biscayne Blvd Suite #550 Miami, Florida 33137

Phone: (305) 576-5338 Fax: (305) 576-5366

[www.druckvisiontherapy.com](http://www.druckvisiontherapy.com)

[paulinekbuck@bellsouth.net](mailto:paulinekbuck@bellsouth.net)

**Enabling success through visual development**

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Individually Identifiable Health Information Privacy Policy

Dr Buck's office has applied reasonable safeguards and implemented standards with respect to the primary use or disclosure of individually identifiable health information. We have in place appropriate administrative, technical, and physical safeguards that protect against uses and disclosures of information not permitted by the privacy rule, as well as that limit incidental uses or disclosures.

For example, we have counseled our staff in such measures as:

- to speak quietly when discussing a patient's condition with family members in a waiting room or other public area;
- to avoid using patients' names in public hallways and elevators, to protect patient confidentiality;
- to isolate or locking file cabinets or records rooms;
- to provide additional security, such as passwords, on computers maintaining personal information.

We also limit who has access to protected health information, and under what conditions, based on job responsibilities and the nature of the business.

Additionally, Dr Buck's office obtains satisfactory assurances from its business associates that the business associates will appropriately safeguard the protected health information it receives or creates on behalf of the covered entity.

Dr Buck may share information with other covered entities for the purposes of providing treatment. Treatment generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another. The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability.

Dr Buck may occasionally send information discussing new treatment options or products. We will not disclose individual health information in any of these marketing communications. Dr Buck has a policy of providing patients with a courtesy reminder of appointment times and/or order status either via telephone, printed or electronic communication. We will not release any products or information regarding a patient to another individual without verbal or written consent from said patient.

**Acknowledgment**

I have been notified of, and agree to, Dr Pauline Buck's conformance to the Standards for Privacy of Individually Identifiable Health Information.

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Print Name

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Signature

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Date

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**Neurodevelopmental patient history**

*This questionnaire will allow us to plan for your appointment, and will give us much background information about your child. Please fill in as fully as you are able.*

Child's name

Date of Birth

Please use the space below to explain your chief concerns that have led you to seeking our help.

Mother's name

Mother's occupation

Father's name

Father's occupation

Is your family a single or multiple household family?

Who is the primary caretaker?

Are there any siblings?

Please list names and ages.

Is your child adopted?

If so at what age?

From where?

Do they have any significant known past history?

Has your child's visual/behavioral condition affect family dynamics?

Who may we thank for your referral to us?

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### ***Visual history***

Has there been any previous visual care? yes / no

*Please describe below in detail any orthoptic exercises, surgery, patching etc. that may have been used, including information on glasses. If you have a copy of the current spectacle prescription, please bring it with you to the exam.*

If spectacles have been prescribed, are they still worn? yes / no

### ***Prenatal history***

Was your pregnancy full term? yes / no

Were there any complications? yes / no

*If yes please describe.*

Were you active during the pregnancy?

What type of activities?

Were there multiple births?

Was the baby active in the womb?

Were there any complications at birth?

*If so please describe.*

Was the birth normal or c-section?

Was oxygen used after birth?

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Was the hospital stay lengthened for any reason?

***Medical History***

Who is the child's pediatrician?

Was your child ever hospitalized?

*What was the reason for the hospitalization?*

Did your child suffer any injuries i.e. a fall?

Did your child ever have a high fever?

Did your child ever have an ear infection?

Have there been any hearing problems?      yes / no

*If so, please detail...*

Has your child been vaccinated?

When was the most recent vaccination?

Is your child presently being treated for any condition?

Please detail.

What is the treatment for this condition?

Therapy?

Type

With whom?

Medications?

Please list

Who is the doctor monitoring this condition?

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Does your child have any allergies? or food sensitivity?

*Please detail.*

Have there been any behavioral problems?    yes / no

*If so, please detail...*

***Family history*** *Please specify who and what*

Is there a family history of health problems?

Is there a family history of eye problems?

Is there a family history of learning/behavioral problems?

***Early Childhood development history***

Was your child breast fed or bottle fed?

Did one side have more milk than the other?

Which?

If bottle fed did you alternate side on which your baby was fed?

Did you have a rocking chair that was used regularly?

Was your baby transported in a stroller or in a carrier that you wore?

Did your child crawl?

Was the crawl normal or unusual?

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How long did your child crawl?

When did your child start:

Walking?

Talking?

Sleeping through the night?

Does your child wet the bed?

When did they stop?

***A day in the life of your child***

What does your child like to eat?

What doesn't your child like to eat?

Does your child drink water daily?

How many meals per week do you:

eat together as a family?

eat out?

eat Fast food?

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How many hours per day/night does your child:

Sleep?

Watch TV?

How far does your child sit from the TV?

Play video games?

Handheld?

TV based?

Play outdoors in unstructured play?

Play in organized sports?

Is your child well coordinated?

What is your child's favorite sport to play?

What position do they play?

What are your child's special interests and hobbies?

Can your child:

Ride a bicycle?

What age did your child learn to ride without training wheels?

Ride a skateboard?

Ride a scooter?

Ride a ripstick?

Play an instrument?

***Scholastic history***

What school does your child attend?

What grade are they presently in?

What subjects do they excell in?

What subjects give them the most trouble?

Where does your child sit in the classroom?

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*Concerns*

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Please rate the following according to frequency:  
0 is never, 1 is rarely, 2 is sometimes, 3 is often, 4 is always.  
(If a question does not apply to your child give a score of 0 )

***Physical Complaints***

1. Headaches when reading or doing desk work.	0	1	2	3	4
2. Carsickness.	0	1	2	3	4
3. Upset stomach during reading or schoolwork.	0	1	2	3	4
4. Exhausted after a day at school.	0	1	2	3	4
5. Complains of blurred vision even though the screenings at the school or pediatrician's office have been normal, or a routine eye examination has been normal.	0	1	2	3	4
6. Eyestrain during reading or desk work.	0	1	2	3	4
7. When reading, sees the print dance.	0	1	2	3	4
8. When reading, sees the print run together.	0	1	2	3	4
9. Complains that the print is too small.	0	1	2	3	4
10. Sees two of things when only one is there.	0	1	2	3	4
11. Covers an eye when trying to read.	0	1	2	3	4
12. Tilts and turns head to side to ignore one eye when reading, writing or watching TV.	0	1	2	3	4
13. Squints when looking from near to far or from far to near.	0	1	2	3	4
14. Rubs eyes when reading.	0	1	2	3	4
15. Holds book too closely; face too close to desk surface.	0	1	2	3	4
16. Moves closer and further away from book, as if to "focus"	0	1	2	3	4
17. One eye turns in or out.	0	1	2	3	4
18. Your child has already been diagnosed with a Lazy Eye (amblyopia).	0	1	2	3	4
19. Your child had surgery for a crossed eye but still has problems with either school or coordination.	0	1	2	3	4

***Learning-to-Read***

20. Very slow at sounding out words even when the "rules" are known; i.e., knows the letter sounds for "c," "a," and "t," but labors to sound out "cat."	0	1	2	3	4
21. Omits small words.	0	1	2	3	4
22. Repeats letters or syllables in a word.	0	1	2	3	4
23. Reads the first letter or two of the word and guesses at the rest.	0	1	2	3	4
24. Fails to recognize same word in the next line.	0	1	2	3	4
25. Can read a word that is isolated and large on a flash card, but can't recognize the same word when it's smaller or squeezed into a line of print.	0	1	2	3	4
26. Confuses likeness and minor differences, such as substituting "what" for "that."	0	1	2	3	4

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27.	Reverses letters or words, such as "b" for "d" or "was" for "saw."	0	1	2	3	4
28.	Needs to use a finger to maintain place when reading.	0	1	2	3	4
29.	Gets lost when trying to sound out words of more than one syllable.	0	1	2	3	4
30.	Reading improves if you use a pickup stick or pen tip to point to the parts of the words for your child, reducing the need for accurate eye control.	0	1	2	3	4

### *Reading-to-Learn*

31.	Reads well for a short time then begins to make careless errors.	0	1	2	3	4
32.	Rapidly tires out and loses comprehension when reading.	0	1	2	3	4
33.	Whispers to self while reading silently so the words can go in "through the ears."	0	1	2	3	4
34.	Your child can sound out or recognize the words but his comprehension is better when he uses his <b>ears</b> to listen to you read than when he uses his <b>eyes</b> to read himself.	0	1	2	3	4
35.	Avoids reading whenever possible.	0	1	2	3	4
36.	Reading comprehension is not so good as your child's intelligence would predict.	0	1	2	3	4
37.	Will not attempt books with smaller print.	0	1	2	3	4
38.	Loves to be read to, but will not read himself.	0	1	2	3	4
39.	Enjoys buying books, but never reads them.	0	1	2	3	4
40.	Takes forever to finish a book, even when interested.	0	1	2	3	4
41.	Counts pages before considering a book.	0	1	2	3	4
42.	Your child's reads well, but reading skills don't reflect his/her intelligence and potential.	0	1	2	3	4

### *Getting It on Paper*

43.	Makes errors in copying from desk to paper.	0	1	2	3	4
44.	Copying assignments takes forever.	0	1	2	3	4
45.	Handwriting is off the lines, going "up and down hill."	0	1	2	3	4
46.	When writing, words are poorly spaced.	0	1	2	3	4
47.	Your child is bright and reads well but struggles to get thoughts down on paper.	0	1	2	3	4
48.	In math, digits or columns are misaligned.	0	1	2	3	4
49.	Copies words backwards; for example, <b>was</b> for <b>saw</b> .	0	1	2	3	4
50.	Confuses <b>Bs</b> and <b>Ds</b> .	0	1	2	3	4
51.	In math, becomes confused if there are too many problems on the same page.	0	1	2	3	4
52.	Can spell out loud but not when having to write the words.	0	1	2	3	4

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53.	Makes errors when copying from reference book to notebook.	0	1	2	3	4
54.	Brain moves faster than hands. Your child is bright, but his/her hands are not.	0	1	2	3	4
55.	Leaves out letters or words when copying.	0	1	2	3	4
56.	When writing, can't spell the same words that were known on the spelling test.	0	1	2	3	4
57.	Spells words like they sound rather than correctly.	0	1	2	3	4

### *Coordination and Sports*

58.	Runs into things.	0	1	2	3	4
59.	Stumbles, trips or falls.	0	1	2	3	4
60.	Clumsy. Poor balance.	0	1	2	3	4
61.	Awkward when moving.	0	1	2	3	4
62.	Has/had difficulty in learning to ride a bike.	0	1	2	3	4
63.	Knocks things over.	0	1	2	3	4
64.	Can't keep eye on the ball.	0	1	2	3	4
65.	Catches "by feel," trying to grab the ball after it bounces off chest.	0	1	2	3	4
66.	Spends all time reading. Avoids exercise, especially ball sports.	0	1	2	3	4
67.	Glasses are rapidly becoming stronger.	0	1	2	3	4
68.	Can't hit a ball.	0	1	2	3	4
69.	In tennis, can't return lobed balls.	0	1	2	3	4
70.	In baseball or soft ball, misjudges and runs underneath pop flies.	0	1	2	3	4

### *Riding a bicycle or driving*

71.	Has difficulty judging the position of others.	0	1	2	3	4
72.	Follows too closely.	0	1	2	3	4
73.	Slow to respond.	0	1	2	3	4
74.	Poor at parallel parking.	0	1	2	3	4
75.	Has to be overly cautious.	0	1	2	3	4
76.	Becomes apprehensive if asked to drive at night.	0	1	2	3	4

### *Attention*

77.	Attention is much better when using ears to listen than when using eyes to read.	0	1	2	3	4
78.	Attention is good for math (except for story problems) but poor for reading.	0	1	2	3	4
79.	Homework is a battle.	0	1	2	3	4
80.	During reading and homework there comes a point after which it does no good to push any further. Your child "shuts down."	0	1	2	3	4
81.	The longer your child uses eyes for reading or	0	1	2	3	4

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	writing, the greater the frustration and fidgeting become.					
82.	Assignments aren't completed in school and have to be brought home.	0	1	2	3	4
83.	Your child can't "stay on task" when reading or writing.	0	1	2	3	4
84.	Needs to put his/her hands on everything Information from eyes alone isn't enough.	0	1	2	3	4
85.	Has to work to sit in a chair, seems to be constantly readjusting balance.	0	1	2	3	4
86.	Has the same reading struggles whether on or off medication.	0	1	2	3	4
87.	"Attention" problems develop when schoolwork or reading is mentioned. Attention is fine for "hands on" mechanical type activities.	0	1	2	3	4

### *Behavior, Self Esteem, Relationships*

88.	Your child feels stupid.	0	1	2	3	4
89.	Self-confidence is low and/or attitude is poor.	0	1	2	3	4
90.	Your child is either worn out or angry when coming home from school.	0	1	2	3	4
91.	Your child's poor eye contact makes others assume your child isn't listening.	0	1	2	3	4
92.	You child is unhappy or withdrawn.	0	1	2	3	4
93.	Your child has books rather than friends.	0	1	2	3	4
94.	In school your child is ridiculed by other students or the teacher.	0	1	2	3	4
95.	Your child's frustration in school seems to trigger behavior problems.	0	1	2	3	4
96.	Homework ends up with you angry and your child crying.	0	1	2	3	4
97.	In sports, your child is left sitting on the bench. Your child isn't asked to participate.	0	1	2	3	4
98.	Your child's struggle with schoolwork affects the whole family.	0	1	2	3	4
99.	Your child's school performance could limit future educational and job opportunities.	0	1	2	3	4
100.	Grades are good but your child isn't working up to potential and the whole family feels the frustration.	0	1	2	3	4

Thank you for taking the time to fill this out.

Email these forms to [drbuck4770@hotmail.com](mailto:drbuck4770@hotmail.com) or

Fax (305) 576 5366.

Once I have reviewed your responses I will have my assistant contact you to set up a time for us to speak before setting up your appointment.

I look forward to meeting you.

Dr. Buck

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