

irlen™ SHORT INTAKE FORM

Client Name: _____ Date: _____

Email: _____ Phone/Cell: _____

Screener's Name: _____ Phone: _____

CONCERNS: Ask both parent & child to tell you about their concerns include: reading, learning, behavior, attention and academic problems, headaches, other physical symptoms and other problem areas on the Self-Test. "We are creating a wish list of things you would like to get better or be easier to do." (Do not be limited to space provided below.)

SPECIAL ASSISTANCE: Circle areas that apply and include: dates & changes

Tutorial Remedial Reading 504 Plan RSP SDC Speech Therapy Language Therapy
OT PT AD/HD Medication Special Diet Other

FAMILY HISTORY: Include siblings, parents, grandparents, cousins, etc.

Do either mother, father, siblings, or anyone on either side of the family

- | | | |
|---|---------------|------|
| • wear sunglasses outside? | Yes / No / DK | Who? |
| • not read for pleasure? | Yes / No / DK | Who? |
| • take breaks while reading? | Yes / No / DK | Who? |
| • prefer to read magazines or newspapers? | Yes / No / DK | Who? |
| • get strain, fatigue, or tired when reading? | Yes / No / DK | Who? |
| • read slowly? | Yes / No / DK | Who? |
| • read in dim lighting? | Yes / No / DK | Who? |
| • have a learning/reading problem, AD/HD, dyslexia? | Yes / No / DK | Who? |
| • get headaches or migraines? | Yes / No / DK | Who? |

READING HISTORY:

DIRECTIONS: Think about what reading is like when you are reading for information and you get to the point that you want to stop reading:

(a) How do your eyes, your head, and you feel?

(b) How does the page look when you want to stop reading?

Of the problems you just mentioned (a and b), what happens first? _____

When do you **first notice** that this problem starts, after you read:

word, paragraph, few pages, 10 to 20 minutes, chapter, 40 minutes, longer? (Circle answer)

If you read a lot, do you ever get a headache, stomachache, feel dizzy, nauseous, or very sleepy?
(Circle answers)

ENVIRONMENTAL QUESTIONS:

DIRECTIONS: Ask these questions with fluorescent lights on and repeat without fluorescent lights. If things look any better or feel better without the fluorescent lights and/or the individual experiences distortions and/or discomfort under bright or fluorescent light, these individuals must have an evaluation for Irlen Spectral Filters.

With Fluorescent Lights

- Look at my nose. Is this easy or do you want to look around? Easy / **Look Around**
- Keep looking. Is the tip of my nose clear & stays clear or fuzzy? Clear / **Fuzzy**
- Keep looking. Is the rest of my nose as clear? Clear / **Fuzzy**
- Keep looking. Is the rest of me clear or fuzzy? Clear / **Fuzzy**
- As you keep looking, does anything start to happen or change to me, what's around me, behind me, or on the wall? **Yes / No**

What happens? _____

- Is it comfortable or uncomfortable to keep looking?
Scale: 0 (comfortable) – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 (uncomfortable) (Circle answer)
- Where does it feel uncomfortable? **head, forehead, eyes, neck, jaw, back, shoulders, stomach, breathing? Do you have a headache, feel nauseous or dizzy?** (Circle answers)
- Is it easy or hard to keep looking and listen to me talk? Easy / **Hard**
- Do you daydream in class/lectures? **Yes / No**

Without Fluorescent Lights

- Look at my nose. Is this easy or do you want to look around? Easy / **Look Around**
- Keep looking. Is the tip of my nose clear & stays clear or fuzzy? Clear / **Fuzzy**
- Keep looking. Is the rest of my nose as clear? Clear / **Fuzzy**
- Keep looking. Is the rest of me clear or fuzzy? Clear / **Fuzzy**
- As you keep looking, does anything start to happen or change to me, what's around me, behind me, or on the wall? **Yes / No**

What happens? _____

- Is it comfortable or uncomfortable to keep looking?
Scale: 0 (comfortable) – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 (uncomfortable) (Circle answer)
- Where does it feel uncomfortable? **head, forehead, eyes, neck, jaw, back, shoulders, stomach, breathing? Do you have a headache, feel nauseous or dizzy?** (Circle answers)
- Is it easy or hard to keep looking and listen to me talk? Easy / **Hard**

VISUAL HISTORY:

Date of last visual exam: _____ Do you wear glasses for reading? Yes / No

If this individual wears glasses for reading, they should be worn during testing.