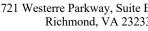


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Double Vision/Strabismus/Amblyopia History Form

History: Please briefly describe your double vision/eye turn/amblyopia (lazy eye) (date/time it started/which eye turns, etc) and any other relevant history:

What makes it better?	
What makes it worse?	
How often does it occur?	
Did you have neuroimaging or lab work performe	ed, and if so when and what type (e.g., CT or MRI of brain):
Do you have any personal eye history of:	
	f yes, when and for how long?
□ Eye muscle (Strabismus) surgery - I	f yes, when and by whom?
□ Vision therapy - I	f yes, when and for how long?
	yes, when and for how long?
□ Retinoblastoma	
□ Congenital cataracts	
□ Congenital glaucoma	
□ Blindness	
☐ Pre-natal infections (TORCH: toxoplasmos	is, rubella, CMV, herpes)
Do you have any family eye history of:	
□ Strabismus (eye turn) — if yes, who?	
□ Amblyopia – if yes, who?	
□ Patching	
□ Vision Therapy – if yes, who?	
Birth History (Please list any abnormalities/comp	plications that may have occurred during pregnancy, delivery
(C-Section), etc. If normal, write "normal")	
In regards to your double vision/eye turn:	
When did it start?	
Since it started – has it been getting better/worse/s	staying the same?
Double vision is	***
☐ At distance	□ Worse at the beginning of the day
□ At near	□ Worse at the end of the day
□ Constant	□ Worse when I look in a particular gaze
□ Intermittent	(up/right/left/down)

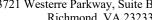


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Any Other Associated Symptoms: Please mark (x) next each symptom you have experienced within 4 weeks of the onset of your double vision and/or presently

7 1 7
□ Blurry Vision
□ Double vision is vertical – two images up and down
□ Double vision is at distance
□ Double vision is at near
□ Vision loss – transient or permanent
□ Graying or dimming of vision
□ Eyes "wobble"
□ Eye Pain
□ Pain:
□ Headache
□ Fever
□ Weakness/numbness/loss of function elsewhere – face/arms/legs
□ Tingling in limbs, fingers or toes
□ Facial droop/numbness
□ Nausea/vomiting
□ Changes in balance/dizziness/vertigo
□ Difficulties walking
☐ Light sensitivity/photophobia
□ Sound sensitivity/phonophobia
□ Ringing in the ears/tinnitus
☐ Hearing loss that is new or sudden onset
□ Jaw pain while chewing
□ Neck stiffness
□ Scalp tenderness
□ Pain on the sides of the head/temples
□ Recent weight loss
□ Recent weight gain
☐ History of head trauma
☐ History of motor vehicle accident (If yes, date:)
□ History of cancer
☐ History of hypertension (high blood pressure), diabetes, high cholesterol
□ Loss of Smell
□ Loss of Taste
□ Night sweats
□ Tick bites/rash
□ Other:
□ Recent travel around/prior to onset of double vision?



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VIRGINIA NEURO-OPTOMETRY
CISS: In regards to symptoms when reading or doing close/computer work:

	Never	Rarely	Sometimes	Frequently	Always
□ Eyes feel tired	0	1	□2	□ 3	4
☐ Eyes feel uncomfortable	0	1	□2	□ 3	□ 4
□ Eyes feel sore	0	1	□2	□ 3	4
□ Eyes hurt	0	1	□2	□ 3	4
☐ Feel a "pulling" feeling around the eyes	0	1	□2	□ 3	4
☐ Get headaches	0	1	2	□ 3	4
□ Feel sleepy/tired	0	1	□2	□ 3	4
☐ Lose concentration	0	1	□2	□ 3	4
☐ Have trouble remembering what you read	0	1	□2	□ 3	4
☐ Have double vision	0	1	2	□ 3	4
□ Words move, jump, swim, or float on the page	0	1	□2	□ 3	4
□ Read slowly	0	1	□2	□ 3	4
□ Words blur or come in and out of focus	0	1	□2	□ 3	4
☐ Lose your place	0	1	□2	□ 3	4
☐ Have to re-read the same line of words	□ 0	1	□ 2	□ 3	4

Anything else you would like us to know/evaluate?