VIRGINIA NEURO-OPTOMETRY

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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 performed, and if so when and what type (e.g., CT or MRI of brain):
_____

Do you have any personal eye history of:

- □ Strabismus/amblyopia patching therapy - If yes, when and for how long? _____
- □ Eye muscle (Strabismus) surgery - If yes, when and by whom? _____
- □ Vision therapy - If yes, when and for how long? _____
- □ Wearing glasses at a very young age - If yes, when and for how long? _____
- □ Retinoblastoma
- □ Congenital cataracts
- □ Congenital glaucoma
- □ Blindness
- □ Pre-natal infections (TORCH: toxoplasmosis, rubella, CMV, herpes)

Do you have any family eye history of:

- □ Strabismus (eye turn) – if yes, who? _____
- □ Amblyopia – if yes, who? _____
- □ Patching – if yes, who? _____
- □ Vision Therapy – if yes, who? _____

Birth History (Please list any abnormalities/complications 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/staying the same?_____
Double vision is

- □ At distance
- □ At near
- □ Constant
- □ Intermittent
- □ Worse at the beginning of the day
- □ Worse at the end of the day
- □ Worse when I look in a particular gaze (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

- ☐ 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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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?