

Binocular Vision History

1. Patient Name:

2. Parent/Legal Guardian Name:

3. Phone Number:

4. Why are you looking into Vision Therapy?

5. Who referred you or encouraged you to look into vision therapy? (leave blank if self-referral)

6. If you* have been diagnosed with any cognitive impairments, dyslexia, ADHD, giftedness, or other, please list them here: (*the person for whom the appointment was booked)

7. Do you currently see an ophthalmologist?

☐ Yes

☐ No

8. Name:

9. Next is a section that will allow us to better understand your (or your child's) vision and visual symptoms prior to your appointment. Please answer to the best of your ability.

If you are completing this form on behalf of your child, we encourage you to go through this questionnaire with them. Note any questions where your answer differs from your child's - we will discuss them at your appointment.

These questions use a 0-4 scale, where 0 is never and 4 is always. If the question does not apply for any reason, please answer 0.

Please assign a value between 0 and 4 for each symptom // 0 = never / 1 = seldom / 2 = occasionally / 3 = frequently / 4 = always

10. Reading / Near Work

	0	1	2	3	4
a) Blurred vision at near (reading or other near tasks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Double vision at near (reading or other near tasks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Words run together when reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Words move or shake when reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Skipping or repeating lines by accident when reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Rereading sections to understand them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Omitting small words when reading (eg: of, the, and)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Burning, stinging, or watery eyes with reading or other near tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Falling asleep when reading (or with other near tasks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Tilting head or closing one eye when reading (or with other near tasks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Headaches with reading or other near tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Dizziness or nausea associated with near work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Avoidance of reading or near work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Reading comprehension declining over time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Holding reading/near material too close	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) Using finger, ruler, or other object to help keep place when reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) Reading out loud or quietly to yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Other symptoms when reading or doing other near tasks

12. Writing

	0	1	2	3	4
a) Writing "uphill" or "downhill" (unable to stay straight across the page)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Difficulty copying from the chalkboard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Inconsistent letter sizes or spacing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Misaligning digits in column of numbers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Extreme concentration when writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Difficulty with spelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Other symptoms or things noticed with writing

14. Depth Perception & Fine Motor Skills

	0	1	2	3	4
a) Inconsistent/poor sports performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Avoiding sports and games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Difficulty with hand tools (scissors, calculator, keys, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Inability to estimate distances accurately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Tendency to knock things over on desk or table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Other symptoms related to depth perception or fine motor skills

17. Miscellaneous Vision

	0	1	2	3	4
a) Double Vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Vision worse at the end of the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Short attention span	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Saying 'I can't' before trying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Difficulty completing assignments in reasonable time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Difficulty with time management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Difficulty with money concepts (eg: making change)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Difficulty with 'left' and 'right'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Extreme light sensitivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Car sickness / Motion sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Misplacing or losing papers, objects, or belongings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Forgetful, poor memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Almost finished! Remember that these questions use a 0-4 scale, where 0 is never and 4 is always. If the question does not apply for any reason, please answer 0.

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18. Any other visual symptoms
