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Vision Therapy • Neuro-Optometry • Low Vision Rehab  
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**Neuro-Optometry Intake Form**

**Patient Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**NEURO EVENT**

Who referred you to our office?

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Should we send a report to your referring physician/therapist? Please also list others professionals who should receive reports.

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Who is your eye doctor and the clinic name? List multiple doctor/clinics if necessary.

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What is the month/year of neurological event relating to your visit today?

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Please describe your injuries.

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Please describe how your injuries are affecting your body and overall health.

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Please describe your hospitalization, recovery, and therapies.

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List any previous injures (and dates) that may be relevant to your visual performance.

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What are your current vision concerns?

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Please share any other concerns, visual or otherwise.

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On a scale of 1 to 10, rate your quality of life after your neuro event? (10 = Excellent; Life is perfect.)

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## **VISION SYMPTOMS**

### **Eyesight Clarity**

- Distance vision blurred or not clear, even with lenses
- Near vision blurred or not clear, even with lenses
- Vision clarity changes or fluctuates during the day
- Poor night vision; Can't see well to drive at night
- Print moves in and out of focus when reading

### **Visual Comfort**

- Eye discomfort, sore eyes, eye strain
- Headaches or dizziness after doing visual tasks
- Eye fatigue; Physically tired after using eyes
- Feel "pulling" around eyes

### **Double Vision**

- Occasionally
- Constantly
- Double vision, especially when tired
- Have to close or cover one eye to see single

### **Light Sensitivity**

- Normal indoor light is uncomfortable
- Outdoor light is too bright

### **Dry Eyes**

- Eyes feel "dry" and sting
- "Stare" into space without blinking
- Have to rub eyes a lot

### **Depth Perception**

- Clumsiness or misjudge where objects are
- Lack of confidence walking
- Missing steps or stumbling

### **Reading / Computer / Tablet**

- Difficulty, slowness when reading
- Confusion of words
- Skip words when reading
- Short attention span
- Easily distracted when reading
- Lose place easily
- Have to use finger to keep place when reading
- Poor comprehension
- Can't remember what was read

### **Other**

- Side vision distorted / missing
- Objects appear to move or change position
- Avoid crowds
- Can't tolerate "visually busy" places
- Poor handwriting – spacing, size, legibility
- What appears straight ahead isn't always where it actually is