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Neuro-Optometry Intake Form

Patient Name: _____ **Today's Date:** _____

NEURO EVENT

Who referred you to our office?

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

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

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

Please describe your injuries.

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

Please describe your hospitalization, recovery, and therapies.

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

What are your current vision concerns?

Please share any other concerns, visual or otherwise.

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

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