ALDERWOOD VISION THERAPY CENTER, PLLC
Drs. Torgerson, Murphy, Maher, & Hash
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Dr. Initials/Date: _____ /_____

ESTABLISHED SYMPTOM CHECKLIST FOR ADULTS

Appointment Date: ____ /____ /____

Full Legal Name: _____ Date of Birth: ____ /____ /____ Age: _____
Reason for today's visit:_____
Changes/Concerns since last visual evaluation:_____

How often does each symptom occur?

*Symptoms are organized into areas of vision they may affect the most, however, **many** symptoms can be related to several different visual problems.*

	Never (N)	Occasionally (O)	Frequently (F)	Always (A)
Visual Comfort				
Eyes hurt or feel tired				
Headaches during or after visual activity				
Fall asleep while reading and/or fatigue easily with near work				
Vision worse at end of day				
Dizziness, nausea with near work				
Carsickness/motion sickness				
Bothered by light				
Dry eyes or excessive tearing of eyes				
Flashes of light				
Difficulty with night driving				
Refractive Status and Focus (Accommodation)				
Blurred vision at distance and/or at near				
Visual focus goes in and out				
Squint to see				
Discomfort when reading, computer or near work and/or fatigue easily				
Dislike/avoid close work				
Head close to paper when reading or writing				
Comprehension poor or decreases over time				
Difficulty changing focus far to near and/or distance blurs when looking up from near work				
Eye Tracking (Ocular Motility)				
Lose place when reading and/or skip, reread words, letters, lines, phrases				
Mistake words with similar beginnings or endings				
Use finger or marker when reading				
Eye/hand coordination is difficult				
Read slowly				
Misalign digits in columns of numbers				

	N	O	F	A
Eye Teaming (Binocularity)				
See double				
Squint, close, or cover one eye				
One eye turns (in, out, up, or down) at any time				
Tilt or turn head to one side				
Letters, words, or lines moving on page				
Poor depth perception and/or inability to estimate distances accurately				
Difficulty walking up or down steps				
Write uphill or downhill				
Dislike 3-D movies				
Trouble judging distance when parking/pulling into traffic				
Visually Guided Activities				
Eye/body coordination is difficult and/or trips or stumble				
Difficulty with small hand tools				
Awkward pencil grip, write or print poorly, and/or write neatly but slowly				
Dislike playing sports				
Awkward pencil grip				
Central-Peripheral Integration				
Tunnel vision, loss of visual field, loss of awareness of surroundings when concentrating and/or objects jump in and out of field of view				
Tendency to knock things over on desk or table				
Avoid crowds and/or feel uncomfortable in crowded areas movement				
Short attention span/easily distracted				
Visual Information Processing				
Fail to recognize same word in next sentence or page				
Poor word attack skills				
Say words aloud or moves lips while reading “silently”				
Prefer audio books and/or remember better what hears than sees				
Poor ability to remember or comprehend what is read				
Confuse minor likenesses and differences				
Reverse letters, numbers, words and/or confuse right-left directions				
Difficulty with memory and/or spelling				
Appearance of the Eyes				
Reddened eyes or lids and/or frequent sties				
Excessive tearing of eyes				
Eye turns in, out, up and/or down				
Blink excessively				