

MERCEDEH MOTAMENI, O.D., F.A.A.O.
AN OPTOMETRIC CORPORATION

CASE HISTORY SUPPLEMENT

Patient: _____ Birthdate: _____

Yes	No	
---	---	Experience headaches associated with visual tasks.
---	---	Experience blurred vision, during reading and writing.
---	---	Skip or reread words, lines and/or letters.
---	---	Experience print "running" together" or "jumping around.
---	---	Experience unusual fatigue after visual concentration.
---	---	Experience pain around the eyes at any time.
---	---	Experience double vision at any time.
---	---	One eye turns in or out, up or down at any time.
---	---	Get sensation of eyes not working together.
---	---	Excessive tearing of eyes, or rub eyes frequently.
---	---	Tilt or turn head excessively.
---	---	Close or cover one eye in bright light or during visual tasks.
---	---	Blink excessively.
---	---	Move forward or backward while looking at a distant object.
---	---	Experience red eyes or lids.
---	---	Use finger as marker when reading.
---	---	Avoid close work.

Please answer the following questions for patients under 15 years:

Yes	No	
---	---	Makes errors in copying from the blackboard to paper.
---	---	Holds book too closely.
---	---	Reversals when reading (was - saw, on - no) or writing (b for d, p for q).
---	---	Transposition of letters or numbers (21 for 12).
---	---	Poor handwriting.
---	---	Clumsiness.
---	---	School performance not up to potential.
---	---	Attending grade level expected for age.

Any additional symptoms or comments: _____

Completed by _____ Date _____