

Dr. Emily Schottman
Developmental Optometrist
Summer Beathe
Vision Therapist



2116 Hancock Drive
Austin, TX 78756
Phone: (512) 419-1212
Fax: (512) 371-0164
www.austinvt.com

If this checklist sounds like you, we can help.
Adults with lazy eyes, headaches and eyestrain are often helped with Vision Training and/or special glasses. Call our office to schedule an appointment for a Developmental Vision Evaluation today.

PATIENT'S NAME: _____ DATE: _____

COMPLETED BY: _____

Please check the symptoms that you have had or have now.

- | | |
|---------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Blur when looking at near | <input type="checkbox"/> Reading comprehension down |
| <input type="checkbox"/> Double Vision | <input type="checkbox"/> Poor/inconsistent in sports |
| <input type="checkbox"/> Headaches with near work | <input type="checkbox"/> Holds reading too close |
| <input type="checkbox"/> Words run together reading | <input type="checkbox"/> Trouble keeping attention on reading |
| <input type="checkbox"/> Burning, itchy, watery eyes | <input type="checkbox"/> Difficulty completing assignments on time |
| <input type="checkbox"/> Falls asleep reading | <input type="checkbox"/> Always says "I can't" before trying |
| <input type="checkbox"/> Sees worse at the end of the day | <input type="checkbox"/> Avoids sports/games |
| <input type="checkbox"/> Skips/repeats lines reading | <input type="checkbox"/> Poor hand/eye (poor handwriting) |
| <input type="checkbox"/> Dizzy/nausea with near work | <input type="checkbox"/> Does not judge distance accurately |
| <input type="checkbox"/> Head tilt/close one eye when reading | <input type="checkbox"/> Clumsy, knocks things over |
| <input type="checkbox"/> Difficulty copying from chalkboard | <input type="checkbox"/> Does not use his/her time well |
| <input type="checkbox"/> Avoids near work/reading | <input type="checkbox"/> Does not make change well |
| <input type="checkbox"/> Omits small words when reading | <input type="checkbox"/> Loses belongings/things |
| <input type="checkbox"/> Writes up/down hill | <input type="checkbox"/> Car/motion sickness |
| <input type="checkbox"/> Misaligns digits/columns of numbers | <input type="checkbox"/> Forgetful/poor memory |

OTHER COMMENTS:

You are welcome to call our office to discuss any questions. (512) 419-1212 or visiontrainersb@yahoo.com