SUNY COLLEGE OF OPTOMETRY
UNIVERSITY EYE CENTER

TBI/VISUAL SYMPTONS REQUIRING OPTOMETRIC REFERRAL

PATIENT NAME: _____ MRN: _____ DATE: _____

Please consider each symptom and rate the presence of symptoms by marking 0 if the symptom is not present, 1 if the symptom is rarely present, 2 if the symptom is occasionally present, or 3 if the symptom is frequently present.

SYMPTOM	**DEGREE SYMPTOM IS PRESENT**				
Emergent Visual Conditions	**0**	**1**	**2**	**3**	
Flashes of light					
Floaters in field of view					
Restricted field of vision					
Curtains" billowing into field of view					
Urgent Visual Conditions	**0**	**1**	**2**	**3**	
Inability to completely close eyes					
Difficulty moving or turning eyes					
Pain with movement of the eyes					
Pain in and around eyes					
Wandering eye					
Double Vision					
TBI/ABI Optometric Vision Rehabilitation Conditions	**0**	**1**	**2**	**3**	
Blurred vision for distance viewing					
Blurred vision for near viewing					
Slow shift of focus from near to far to near					
Difficulty copying or taking notes					
Pulling or tugging sensation around eyes					
Discomfort/eyestrain while reading					
General fatigue while work/reading					
Unable to sustain near work or reading for periods of time					
Eyes get tired while reading					
Covering, closing one eye					
Headaches while reading					
Loss of place while reading					
Missing a portion of their vision					
Bumping into objects or not seeing objects on one side more than the other					
Easily distracted when reading					
Slower speed of reading					
Decreased attention span					
Reduced concentration ability					
Difficulty remembering what has been read					
Disorientation	**0**	**1**	**2**	**3**	
Loss of balance					
Poor Posture					
Face, head turn, or head tilt					
Bothered by movement in environment					
Light sensitivity					
A sensation of floor, ceiling or walls tilting					
Dizziness					
A sensation of the room spinning					
A sensation of not feeling grounded					
Postural shifts/veering off when walking					

Total Score _____